Address
ON
THE ADVANCES IN OBSTETRIC MEDICINE DURING THE LAST TWELVE YEARS.

Delivered at the Annual Meeting of the Obstetrical Society, January 5th, 1871,

BY GRAILY HEWITT, M.D., F.R.C.P.

GENTLEMEN,—The present appears to me an appropriate occasion for reviewing the advances in obstetric medicine during the last twelve years. I think it can be shown that this Society has, so far, most completely fulfilled its objects in respect to the advances it has made and the improvements it has introduced in the practice of obstetrics. Embracing the whole field of obstetric work, my observations must necessarily be brief, and, as regards particular subjects, of an extremely summary character. Necessarily, also, my individual judgment on the progress made in special departments or subjects is simply an individual judgment. I must ask, therefore, for your kind indulgence while I endeavour to pourtray what appear to me to be some of the more important advances in our science obtained during these twelve years of the Society's existence.

Much valuable information concerning the statistics of midwifery practice has been afforded by the papers of Mr. Bailey, Mr. Dunn, Mr. Mitchell, and Dr. Granville; while new and curious facts concerning the practice of midwifery in our Indian possessions have been furnished by the papers of Dr. Jackson and Dr. Shortt.

The general features of labour, and its management, have been the subject of several thoughtful essays. Dr. Hicks's paper on the condition of the uterus in obstructed labour will assist the practitioner in determining more accurately when and how to give assistance. Women perish as a consequence of labour more often from want of appreciation on the part of the attendant of the actual condition present than from any want of skill on his part.

Then we have had a philosophical inquiry as to the seat of the pain in labour by Dr. Sansom; a paper by Dr. Eastlake enforcing the practice of delivery of the placenta by means of external pressure—a real advance in practice; also a valuable and interesting account of the manner in which double monsters are usually delivered, by Dr. Playfair.

That valuable anæsthetic, chloroform, was introduced by our lamented colleague Sir J. Simpson before this Society was founded, but the proper and safe limitations to its use in midwifery practice have been discussed by us on several occasions. We have come—some of us, at all events—to recognise the fact that chloroform has a tendency to make labour "lingering," that it sometimes enfeebles the uterus, and may thus cause hæmorrhage. This tendency it is proposed to do away with by diluting the chloroform by mixture of alcohol or other vapours, or by accurate mixture with air. Dr. Sansom has pointed out the great liability to the inhalation of poisonously high percentages of chloroform at high temperatures unless proper care be exercised. Mr. Ellis has given us new inhalers for effecting such mixtures. Dr. Kidd has given us, and has been the means of eliciting, much valuable information. The general conclusion I take to be, that in ordinary midwifery practice the anæsthetic should be diluted, that it should not be given to produce the full effect, and that in all cases rather excessive precautions against hæmorrhage are required when chloroform is given.

The vexed question as to the influence of ergot on the fœtus has been discussed in an elaborate paper by Dr. Uvedale West.

The very important subject of distortion of the pelvis—a condition so full of danger to mother and child—has frequently incidentally been before us. Since the formation of this Society, a new form of distortion has been added to the previous list—the spondylolisthesis, or projection forwards of the last lumbar vertebra from caries or other disease of the bones beneath; first described in 1853 by Kilian, of Bonn. Dr. Barnes has contributed in our Transactions an exhaustive paper on this new and interesting deformity, detailing the particulars of thirteen cases. The disease is rare; but we shall probably hear of it more commonly now attention has been directed to its existence.

Of the great obstetric operations, most of which we can happily designate as conservative ones, the forceps is the chief and the foremost. What has this Society done to further the use and efficiency of this instrument? In the first place, this Society has on several occasions expressed itself strongly on the great impolicy of postponing the employment of the forceps when the labour is not a progressive one, and when it is delayed. We have endorsed the opinion put forward by Dr. Tyler Smith in a very able paper, that the head ought not to rest on the perineum some hours before the instrument is applied; we in the same way repudiate the old maxim that it is necessary to feel the ears before using the instrument; we no longer insist on the os uteri being fully dilated in order to employ it; we do not consider the entrance of the blades into the uterus as prejudicial; nor do we object to the employment of slight degrees of compression to the fœtal head when necessary. These various questions require the use of discrimination on the part of the attendant in particular cases; but the question is generally one of mechanics. In Dr. Tyler Smith's paper, and in a very forcible one by Mr. Harper, the advisability of more frequently using this life-saving instrument is most strenuously insisted on. Unquestionably, however, this Society has still work to do in urging this point on the attention of the profession.

Then, with reference to the *form* of the forceps, something must be said. The tendency has been, in this country at least, to employ an instrument too short in the blades. On the Continent they have not fallen into this error. Attention has been directed to this point in this Society; and our noble exhibition of obstetrical instruments has contributed facts of moment. There can be no doubt that the forceps should have tolerably long blades, and that it should have handles giving the operator some little power.

The last twelve years have seen much that is new in the operation of turning. The true value and place of this great operation has been more accurately defined. Our esteemed honorary Fellow, Dr. McClintock, discussed the matter in a very able paper. The question between the high forceps operation and the operation of turning is hard to determine in a general way, and it is quite evident that the individual difficulty will always have to determine the individual choice. Respecting the method of performing this operation, Dr. Braxton Hicks has introduced a novelty and a great improvement. It is hardly necessary for me to state to you that the bi-manual method of turning, which we owe to Dr. Hicks, enables us to turn in many cases where it would be otherwise difficult or impossible. It is a real addition to our armamentarium. The new operation will not, of course, supersede the old one, which must still be practised in many cases.

Passing for a moment now to the destructive operations, intended, however, to save the mother, we come to the methods of diminishing the size of the fœtal head. Here much has been done in our Society in the way of improvement. Dr. Braxton Hicks has revived and developed a fact really stated by Hull and Burns many years ago, but lost sight of till now—viz., that the fœtal head can be brought through a very small aperture, when tilted so that the face shall be first presented at the aperture, the cranial bones and the lower jaw being first removed. The practical application of this fact will aid extraction in certain otherwise very difficult cases. Another novelty in the same direction is the suggestion of Dr. Barnes's to cut the head into segments by means of a very strong wire, worked by an adaptation of the écraseur mechanism.

Next we come to the operation of cephalotripsy. Before this Society was founded the cephalotribe was hardly known of at all in this country. We have now, in the instrument of Dr. Braxton Hicks, a most portable and practical instrument. Dr. Barnes, Dr. Matthews Duncan, and Dr. Kidd, of Dublin, may be mentioned among those who have in this Society done much to develop the use of the instrument. Many cases admit of the extremely advantageous employment of this method of delivery, with the

effect of saving the mother from possible lacerations in otherwise difficult craniotomy cases; in fact, there is a great deal to be done with it. Short of this operation, we have had a much improved craniotomy forceps from Dr. Barnes and Dr. Hall Davis.

The vexed question of the Cæsarean section has come before us on as many as eight occasions. Dr. Greenhalgh has argued strongly in favour of the operation. Dr. Braxton Hicks, Mr. Bryant, Dr. Swayne, Dr. Newman, and Dr. Roberts have brought cases before us, all of which offer data of importance. It must be said, I think, that the numerous improvements, which I have already adverted to, in the method of extracting the fœtus, very much lessen the frequency of the necessity for recourse to this severe operation, and that expert operators will in future succeed in extracting the fœtus in cases formerly incapable of being thus treated. On the other hand, the improvements in severe abdominal operations, such as ovariotomy, contribute in some degree to lessen the danger of the Cæsarean section. The general current of English thought is, and has generally been, adverse to the Cæsarean section; but yet we cannot afford to put it on one side. Cases will now and then occur calling for it, and we must be prepared accordingly. Dr. Barnes has recently suggested an improved method of suture for the uterine wound.

The induction of premature labour is an operation which has engaged our attention on many occasions. We have frequently discussed the relation which this child-saving operation bears to other methods of delivery. It must be stated, I think, at the present time, that we are not yet decided as to what is actually the best method of inducing premature labour. There is a very remarkable paper in the Transactions, by Professor Lazarewitch, of Charkov, in which twelve cases are related wherein the method of injecting water to the fundus of the uterus was employed; and no one can read the account of these cases without being struck with the safety and completeness with which labour was induced. Then we have the method of inducing premature labour now known as Dr. Barnes's method. This is unquestionably an exceedingly good, and it may be characterised as being the best, method we have in our possession for bringing labour to an end within a certain definite time. Looking, however, to the great difficulty of conducting the labour through its various periods safely to the child, which is an important consideration in most of these cases, it must, I think, be stated that we have not yet quite decided as to what is the best method; and there are still some, including myself, who think very highly indeed of the method of simple puncture of the membranes.

The curious subject of missed labour has been brought before us by Dr. Wynn Williams, who has detailed additional cases.

Every practical physician of the present day attaches great value to the thermometer. It was very important that we should know what changes the temperature of the body underwent after the occurrence of parturition, in order that we might have some data to go upon in estimating the value of changes of temperature. That information has been given to us in a valuable paper on puerperal temperatures by Mr. Squire.

The diet which is proper during the puerperal state is a subject which was brought before us in a very forcible manner by a late president of this Society, Dr. Oldham. And, so far as I have been able to see, Dr. Oldham's statements have produced a great effect in the practice of the profession in this respect. Dr. Oldham contended strongly for the adoption of a more liberal diet after labour. This is a matter which must be regarded as of great importance.

A new term in reference to hæmorrhage has been added to medical obstetric literature since the formation of this Society. We now recognise the existence of a form termed "concealed accidental hæmorrhage,"—hæmorrhage, that is to say, occurring concealed in the uterus itself, capable of imperilling the patient without necessarily causing a great external loss,—a very dangerous complication of labour. This subject was brought before the Society, and several cases were detailed, by Dr. Hicks. This is an actual addition to our knowledge.

I next allude to what has been put forward by this Society on the subject of placenta prævia. In a very interesting paper, Dr. Greenhalgh laid down, for the first time publicly, so far as I am aware, this proposition, that in a case of placenta prævia the patient should not be allowed to go on to the full term of pregnancy; that a woman with placenta prævia is constantly in danger of losing her life; and that the practitioner should exercise a special control over that patient, if he does not think it advisable to induce the continuance of the labour at the time the difficulty is first observed. With reference to the methods of treatment of this complication, I think that the general current of feeling in this Society is in favour of an eclectic method. I imagine there are few gentlemen of position in this Society who would tie themselves to any one procedure in reference to placenta prævia. On the whole, I think the Society has expressed itself in favour of rupturing the membranes, combined with turning, as generally the best procedure. The partial separation of the placenta in certain cases, which has been suggested by Dr. Barnes, doubtless will be valuable with the limitation which he himself describes.

With reference to post-partum hæmorrhage, I have little doubt that, if the treatment of the third stage of labour previously alluded to were generally practised and insisted upon, we should have very slight occasion to treat post-partum hæmorrhage at all. As to the actual treatment of post-partum hæmorrhage, an important addition has been made to our practice in the injection of perchloride of iron into the uterus in cases where other methods fail. This we owe to Dr. Barnes. It may be said, I think, with reference to this subject, that we have not yet determined that this remedy is entirely devoid of danger. I mention it therefore with this slight qualification. Certainly the most important thing we have to do is to prevent the patient from actually dying under our hands from hæmorrhage; but, in adopting any remedy under such circumstances, we have to consider also the possible secondary effects of this treatment. I do not state this, however, with any wish to discourage the use of the remedy.

With reference to transfusion, a remedy which we have at hand in certain cases where other methods fail, we have had valuable papers from Dr. Waller and Dr. Aveling. It seems that the best method of performing this operation has not yet been decided, although the matter has undergone discussion over and over again. It must be admitted that it is a remedy which is the only one capable of resuscitating a patient in certain cases; and it is a remedy which must always be considered in alluding to the subject of the treatment of hæmorrhage. It has saved many patients, and will probably save many more. The difficulties in deciding on the adoption of the operation are always very great.

It has been pointed out that adhesions of the uterus on its peritoneal surface may give rise to post-partum hæmorrhage, by preventing the contraction of the uterus. Cases have been brought before this Society proving pathologically the existence of this condition.

With reference to rupture of the uterus, we have had a very valuable paper from Dr. Radford, a well-known contributor. One of the chief values of this paper appears to me to be this, that it proves conclusively that the two chief causes of rupture of the uterus are, a slightly contracted pelvic brim, and a rather long labour. It is not cases of severe deformity in which rupture occurs, but a case of slight pelvic deformity, and in which the labour has been rather more prolonged than usual. Other causes have been mentioned as inducing rupture of the uterus, but they are not so certainly causes of this grave accident as those I have mentioned.

With reference to inversion of the uterus, we have had a paper from Dr. Tyler Smith alluding more particularly to the mechanism of its occurrence. From the same gentleman we have also had a new explanation of retroflexion of the gravid uterus. Dr. Tyler Smith has pointed out that, in the cases in which the gravid uterus is retroflexed, the retroflexion has generally existed previous to the occurrence of pregnancy.

On the subject of embolism and thrombosis we have had some interesting papers from Dr. Barnes, Mr. Wade, and Dr. Playfair. Women are liable to suddenly die during the first two or three weeks after labour; and the pathological explanation is a very interesting one. The conclusion, as it seems to me, to be drawn from the cases brought before this Society, is the duty of preventing such an occurrence; and it would certainly appear that the condition which has been most usually at fault has been a general weakness of the system, making it, therefore, extremely advisable, as

prophylactic, to sustain the strength of the lying-in woman in every possible way.

On the subject of phlegmasia dolens we have had three valuable papers from Dr. Tilbury Fox, in which the matter is fully considered.

With regard to puerperal fever, which has been so fruitful of discussion in obstetric history, we have had many papers from Dr. Tilbury Fox, Mr. Mitchell, Dr. Beck, Dr. Hicks, Dr. Tyler Smith, and myself. Dr. Tilbury Fox has pointed out to us the close alliance between the occurrence of erysipelas in lying-in hospitals and puerperal fever, a connexion which was demonstrated by the figures he brought before us. Dr. Beck has pointed out the pathological fact of the uterus being found very large in cases where death occurred from puerperal fever. Dr. Hicks has developed the relation which scarlet fever bears to puerperal fever, in private practice especially, with the effect of showing the great frequency of the connexion between these two. Next, a paper was brought before us containing an account of the experience of the Nightingale ward in King's College Hospital, which has demonstrated, if it required demonstration, the great danger of placing puerperal patients in contiguity with other patients, especially those suffering from surgical affections. Dr. Tyler Smith has brought before us a case in which he injected ammonia into the blood in the treatment of puerperal fever. With reference to the treatment of puerperal fever in general, I think it has come out, from the discussions that have occurred in this Society, that, whatever may be necessary by way of prophylaxis, it is a disease in which copious stimulation is most important, if the patient is to recover.

We come next to the subject of puerperal convulsions. In this department Dr. Hicks has given us a novel pathological fact—namely, that in certain cases convulsions are apparently a prelude to the albuminuria. This is a matter which requires much further investigation. Dr. Hall Davis has given us a most valuable paper, containing the whole of his experience of puerperal convulsions, treated most successfully on what may be called the eclectic method.

Chorea in pregnancy has formed the subject of a valuable paper by Dr. Barnes. The result was that, of the cases collected, 39 patients recovered and 17 died. Dr. Barnes, on the whole, discountenances the theory which has been put forward of late years with reference to the etiology of chorea—namely, the embolic theory; according to which it is held that the disease arises from the transportation of certain minute particles of fibrin from the valves of the heart to certain cerebral centres.

Eighteen cases of extra-uterine pregnancy have been recorded. In one or two of these the patients narrowly escaped having an operation performed on them, which might possibly have saved their lives—namely, opening the abdomen and arresting the hæmorrhage by surgical means. The diagnosis in these cases is so difficult that it will perhaps be still some little time before the operation is performed.

With reference to abortions, Dr. Priestley has contributed a paper in which he has urged on the Society the desirability of almost invariably endeavouring to remove the secundines instead of leaving them in the uterus; arguing that this is safer, on the whole, even in cases where the removal is somewhat difficult.

We next come, gentlemen, to the consideration of what has been done in the department of the diseases peculiar to women. The various subjects pertaining to this have been discussed at great length and with great frequency in this Society, and various opinions have been expressed with reference to points many of which must be considered as being still debatable.

On dysmenorrhœa, on flexions of the uterus, on inflammation of the uterus, and on irritable uterus we have had papers read from Dr. Marion Sims, Dr. Greenhalgh, Dr. Barnes, Dr. Tilt, Dr. Meadows, and myself. Dr. Savage and others have also contributed valuable observations. It is certain that of late years great advances have been made in our knowledge of what may be termed the mechanical diseases of the uterus, and in the relation which exists between these mechanical diseases and functional diseases, such as inflammation. I would not presume on this occasion to speak dogmatically on the subject, holding as I do views which are not quite shared in by gentlemen very eminent indeed in this Society; but I think we have come to recognise this, that the uterus is liable to be affected with certain important alterations in regard to its shape—alterations capable of exercising a very important influence upon other conditions which, perhaps, some might consider even more important—namely, the inflammations of the uterus. With reference to the subject of dysmenorrhœa, I think it may be said that an operation which some time since was very much vaunted for the cure of this condition has come to be rather discountenanced—I mean the making of large incisions into the uterus. I cannot say more, however, on this subject. The discussions which have taken place may be read with great advantage by anyone who chooses to inquire into it.

On the subject of ovarian tumours we have passed over a great deal of ground since the Society was first formed, twelve years ago. We have had as many as twenty-three papers or contributions of various kinds relating to ovarian tumours. Although ovariotomy was not first practised in this country, yet it has come to be practised very largely; and the operation has afforded an instance of the fact, that when the British mind does take up a thing it takes it up very efficiently indeed. The success of this great operation has, in fact, obtained for English surgeons and physicians an extreme notoriety throughout the civilised globe. The operation is now performed in Stockholm, it is performed in Germany, and it has been performed in Australia and in India with success. This Society has unquestionably done very much indeed to settle various points connected with the performance of this operation.

On fibroid tumours of the uterus and polypi of the uterus we have had a multitude of papers, discussing various points in pathology connected with this subject, and describing various methods of removing these tumours; and many ingenious appliances have been brought forward for performing the operations. At present, however, I suppose it can hardly be said that we have discovered how to prevent the formation of these curious growths in the uterus. We can control their development in certain cases, but, unless we can act upon them surgically and mechanically remove them, we cannot be absolutely certain of being able to deal with them satisfactorily.

With regard to cancer of the uterus we can say, unfortunately, very little. Dr. Wynn Williams and Dr. Routh have brought before us cases in which bromine has been used as a remedial agent, and unquestionably with a good result in many cases which have been detailed to us. But I am afraid we are not yet in a position to say that we have a remedy which will cure the disease.

On the subject of retention of the menses, and the operation for relieving this condition, we have had some very interesting papers; also on the subject of vaginal operations, as well as some on the operations for the relief of prolapse of the uterus.

We come, in the next place, to the subject of the diseases of children. The time of the Society was so much engrossed otherwise in the early part of its career that it must be confessed that this subject was a little neglected. We had, however, a most interesting paper some years ago from Dr. Little, proving the connexion between difficulties in labour and the production of certain impairments of motor power in the limbs. This paper has attracted comparatively little attention.

Mr. Squire has given us a good account of the normal temperature of new-born children—very valuable indeed, from the same point of view as the observation of the temperature of the mothers.

Dr. Tilbury Fox, in a paper on the etiology of rickets, propounded a theory in reference to the production of this disease deserving of a more attentive consideration and extended investigation than it has hitherto received. Dr. Fox believes that in cases of rickets the child has been suckled by a woman who has menstruated while suckling her infant. This is a question which should be solved by investigation and further observation.

On the subject of malformations we have had before us as many as fifty cases, specimens and drawings of various kinds, and the Society has collected valuable material on the subject.

In the next place, the Society has, on the suggestion of Dr. Farr, entered on a serious and extensive investigation into the subject of infant mortality in England, its causes

and prevention. That work it has been engaged on during the last two years, and the general results of the investigation were communicated to you at the last meeting. Part of the result of the work of the Committee who conducted the investigation is the production of the set of rules for the general management of infants, now produced. These rules have been very carefully drawn up and revised at several meetings of the Committee and Council, and are now before you in a complete form. They will speedily be circulated by the Society as widely as possible. Following other recommendations of the Committee, attempts will now be made to procure better enactments in reference to infanticide, to the registration of midwives, and to enforce their better education.

We have had a large number of papers before us on miscellaneous subjects, which it is difficult to bring into the foregoing list of the work of this Society. We have had upwards of fifty instruments of various kinds exhibited at our meetings, to say nothing of the well-known great public exhibition of instruments some time since held at the Royal College of Physicians.

I say nothing of the indirect effect which this Society has produced upon the profession in reference to obstetric education. Many gentlemen have, through this Society, received what has been virtually their obstetric education.

I now, gentlemen, take leave of you as your President, thanking you very cordially for the manner in which you have assisted me in performing my duties, and wishing the Society an equally prosperous career in the future.

Clinical Lecture
ON
CHRONIC HYGROMA OF THE BURSA PATELLÆ.

Delivered at the Queen's Hospital, Birmingham.

BY JAMES F. WEST, F.R.C.S.,
SENIOR SURGEON TO THE HOSPITAL, AND PROFESSOR OF ANATOMY IN QUEEN'S COLLEGE.

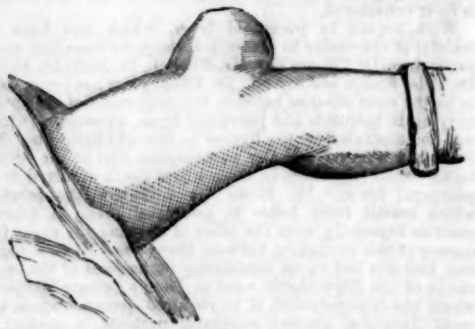
GENTLEMEN,—The case we shall consider to-day is one of considerable interest, and presents many peculiar features. It not only serves to illustrate a very common condition—housemaid's knee,—and so affords me an opportunity of briefly describing the varieties of that disease and their treatment; but it also enables me to bring under your notice a pathological specimen of great value from its magnitude, and of no little surgical importance from the infrequence of the successful removal of such growths. The term "hygroma" means a hypertrophy of a bursa, whether caused by pressure or by acute or chronic inflammation. It may occur to any synovial bursa, but is most commonly met with in the bursa patellæ, and in that which overlies the olecranon process.

I will read the notes as taken by my dresser, Mr. Hunt, and then notice the chief points of interest which arise out of the case.

Mary H——, aged thirty, housewife, admitted into the Queen's Hospital, under Mr. West, Oct. 27th, 1869.

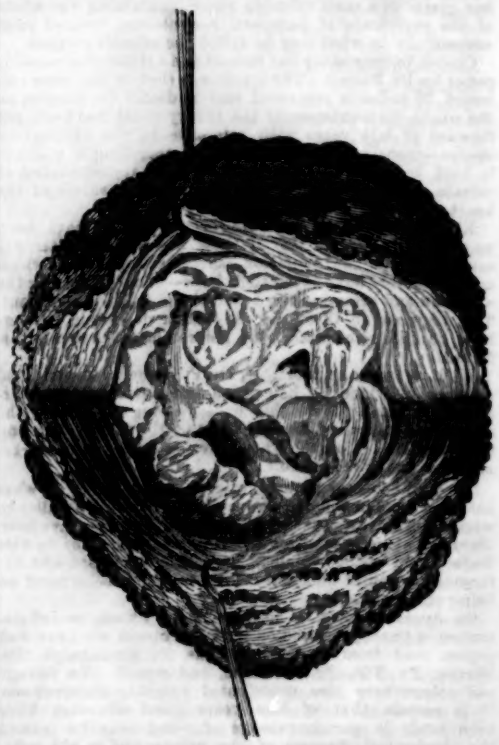
History. — Eleven years ago she came to Birmingham from the country, and began to work as a charwoman. Whilst following this employment she had to kneel a great deal, and she soon noticed a small swelling about the size of a marble over the front of the left knee. She had no pain in the tumour at first, but it soon got larger and became painful. It has continued increasing up to the present time, and has been very inconvenient to her, especially during the past six months, not only on account of its size, but because of the pain it gives her to kneel. She is a very healthy woman in all respects except this, and she has never had any illness in her life. She cannot assign any cause for the disease, never having received any blow or injury to the knee.

State on admission.—There is a large, globular, semi-solid swelling over the front of the left knee, in the situation of the bursa patellæ. The tumour is slightly movable in all directions; but the skin is adherent to it. There is no in-



creased temperature of body, and no emaciation. She complains but little of pain in the tumour, except when she is kneeling. The following are its dimensions:—Vertical measurement, 7 in.; transverse ditto, 8½ in.; circumference at base, 12 in.

Mr. West, judging the case to be one of hygroma, determined to relieve the patient by operation. On Nov. 1st she was placed under the influence of chloroform. A trocar was first thrust into the swelling, partly to ascertain the nature of its contents, and partly to reduce its bulk. Only a small quantity of yellow opaque fluid escaped; and Mr. West then proceeded to remove the tumour. A vertical incision was made over the whole of the tumour, and it was



[*Note.*—These drawings were made by one of the students, Mr. Priestley Smith, who is now a dresser in the hospital for the sick and wounded at Bingen.]

carefully dissected out. It was found to be very adherent to the patella, and to have abundant vascular connexions

with the surrounding tissues. The wound was brought together with silver sutures, and secured by pads of lint and a bandage, a well-padded straight splint being applied down the back of the leg to immobilise the knee-joint. The patient was removed to bed, and the knee kept cool by irrigation with cold water. The tumour weighed 8 oz., and was found to have walls of fibrous tissue half an inch in thickness, enclosing masses of lobulated structure, of yellowish colour, and friable consistence. Under the microscope large quantities of blood-corpuscles were seen (some of them showing the characteristic bi-concave contour), which speedily formed *rouleaux*; a few exudation corpuscles or compound granule cells, and numerous plates of cholesterine.

Nov. 4th.—The wound is rather painful. The two lower stitches were removed, and a small quantity of bloody serum escaped. She was ordered to have hot lead-and-opium lotion applied.

6th.—Is much better. The pain was greatly relieved by the lotion. The wound is nearly united. Pulse 88.

7th.—The other stitches were removed. The wound has united throughout its entire length with the exception of half an inch at the lower part.

11th.—Is doing well, but is so restless that the straight splint cannot be kept on. A gutta-percha splint was applied to the back of the thigh and leg, and the knee dressed as before with lead-and-opium lotion.

14th.—The gutta-percha splint is still kept on. There is still considerable discharge from the lower part of the wound, which still remains open.

18th.—Is much better. The wound is still discharging freely. The knee to be strapped with soap plaster.

24th.—Wound is quite healed. Patient has been up to-day, and can walk a little; she has, however, still got the splint on.

26th.—Discharged to-day, cured.

She was readmitted into the hospital three days after. Instead of resting the leg as much as possible, as she had been ordered, she had walked about a great deal, and had actually knelt down to scour the floor. The consequence of this indiscretion was, that she suffered severe pain in the left knee. There was slight swelling over the knee-cap, and the adjacent parts were red, hot, and painful. A gutta-percha splint was applied at the back of the thigh and leg, and hot lead-and-opium solution applied. Rest in bed was also ordered.

Dec. 10th.—The patient has lain in bed since her admission on the 29th ult., and is now much better, and free from all pain and inflammation about the knee. The splint was taken off, and she was discharged to-day.

The cause of this patient's malady is obvious—habitual pressure on the bursa patellæ in following her occupation as a charwoman. This is the class of persons who most suffer from it in this country. In Roman Catholic countries the practice of religious people of kneeling on the stone floors of cathedrals and convents renders the disease common to all classes. In the miners of this district we often see the same condition in the olecranon bursa, produced from their habit of leaning on the elbows while at work.

These tumours sometimes grow rapidly, and then they are extremely liable, from slight injury, or from the influence of cold, to take on acute inflammation. The knee soon becomes tender and hot, and the thick skin over it assumes an erysipelatous blush, the redness often extending as high as the condyles of the femur, and as low as the tubercle of the tibia. The swelling is, however, entirely different from that of synovitis; it is denser and more brawny, and it is evidently superficial. The patella is felt in its normal situation, and there is none of that obvious distension of the synovial pouches under the vasti muscles which marks synovitis of the knee-joint. Sharp febrile symptoms characterise both conditions, but in synovitis they are of a much more acute type than in bursitis. If the inflammation is not arrested, rigors come on, and give notice that suppuration is commencing in the interior of the inflamed bursa.

On the other hand, these bursæ are often very chronic in their growth; they seem to depend rather on a genuine hypertrophy than on any inflammatory condition. This patient had never had any acute symptoms, but the tumour had gone on steadily and painlessly increasing in size, until by its bulk it interfered with her occupation. Sometimes the tumour owes its size to a great increase in the fluid contents, but more often, as in this case, the walls of the sac become greatly thickened, while the fluid contents are comparatively small. We often meet with hygromata as large as an egg, but rarely do we find them of such an enormous size as this; in fact, I never met with a case in which the hypertrophy was so extreme. It nearly resembles in size the one described by Courtin in the *Archives of Medicine* for 1830, which, however, was removed piecemeal, and which was said to have been as large as an infant's head.

The walls of these tumours show a great development of fibro-plastic material, and their contents are very variable. We generally find gelatinous masses floating in a turbid serum; sometimes little rice-like bodies in great numbers, which roll over each other, and when the knee is pressed give a peculiar grating sensation to the hand; occasionally they contain fat and cholesterine; sometimes there are fibrous bands crossing from one side of the interior to the other; and, lastly, in some rare cases we find masses of calcareous deposit, either studding the lining of the sac, or lying loose in its interior.

In a case mentioned by Rokitansky, the contents were of a very remarkable character. They were a thick black fluid, in which were scattered little white crystalline masses, which on examination were found to consist chiefly of phosphate and carbonate of lime, with an admixture of magnesia. The plates of cholesterine obtained from this specimen, which I have here under the microscope, are very characteristic, and you will examine them for yourselves after the lecture.

Sir Benjamin Brodie first indicated the true nature of the loose floating bodies found in these bursæ. He says: "At first the coagulated lymph forms irregular masses of no determined shape, which afterwards, by the motion and pressure of the contiguous parts, are broken down into smaller portions. These by degrees become of a regular form, and assume a firmer consistence, and at last they terminate in flat oval masses."

It now remains to notice what is the course of these tumours. They become absorbed spontaneously in some few cases where the cause of irritation is removed; but more often, from their exposed situation, they receive an injury, and then they either fill with blood, and from their great size demand operative interference, or they take on acute inflammation, and end in abscess. The pus rarely finds its way directly to the surface, but spreads in every direction, and sometimes, though rarely, makes its way into the knee-joint. Free division of the thick skin at the summit of the bursa patellæ is necessary at as early a period as possible; for should the pus diffuse itself, a vast abscess will form, from which sinuses may result, and the cure be thereby protracted for many weeks. Should a large purulent collection exist, you had better make an opening on either side of it, then introduce a drainage-tube, wash the cavity out twice a day with a weak solution of sulphate of zinc, or some other mild astringent, and maintain pressure over the surface of the knee with sheet lead and a roller.

If you are consulted as to how you can best prevent the development of these tumours, you must enjoin the avoidance of all pressure, the use of iodine paint or blisters externally, or the application of firm pressure with sheet lead after their fluid contents, which in the early stage are thin and limpid, have been evacuated by a fine trocar. The use of the trocar may be more than once required, but it is attended with no constitutional mischief, and is not often followed by an inordinate amount of inflammation in the interior of the sac. Should the tumour pass this stage, and become, as in the present instance, larger than an orange, you will find palliative treatment of no avail. Blisters, the actual cautery, and simple puncture will naturally be of little use. The walls will have become so thick that more decisive steps must be taken. Now what means have you at your disposal? You may pass *setons* through the sac, as recommended by Benjamin Bell; but this is a tedious and an uncertain process, and in such cases as this would scarcely be likely to succeed. You may resort to *injection with the tincture of iodine*, as in the treatment of hydrocele; but here, again, the thickness of the walls of the tumour and the altered and viscid nature of the contents would probably act as a bar to the healthy union of the parietes of the bursa. You might make a *crucial incision* into the tumour, turn out its contents, break down its walls, and

then leave the wound, after protracted suppuration, to heal up by granulation—a dangerous and rather crude mode of operation, which I should be sorry to employ. Lastly, you may *extirpate the tumour en masse*, as you have seen me do in this case. That this is not an operation to be undertaken lightly there can be no doubt. The bursa is often, as it was here, very vascular; it may have firm adhesions to the patella; and, moreover, it may have inseparable connexion with the knee-joint. Velpeau, indeed, records two deaths after the operation. Still, if performed in cases where the tumour is freely or to a considerable extent movable over the subjacent parts, and where the patient's constitution is sound, I think it is preferable to any other operative procedure. It at once rids the patient of the disease, and is not followed by the protracted suppuration and attendant risk characteristic of the other measures which I have laid before you, and therefore I do not hesitate to recommend it to you in preference to any of them. Entire rest, and great care in the after-treatment of the patient, will materially help in bringing the case to a favourable issue.

ON

TYPHOID OR ENTERIC FEVER IN INDIAN GAOLS, AND ON THE RELATIONS OF THAT DISEASE AND OF CHOLERA TO THE DRY-EARTH SYSTEM OF CONSERVANCY.

BY GEORGE ROLLESTON, M.D., F.R.S.,
LINACRE PROFESSOR OF ANATOMY, OXFORD.

(*Concluded from page* 8.)

IT would appear from the "Report on Measures adopted for Sanitary Improvements in India from June, 1869, to June, 1870," recently published, p. 85, that there are two reports extant upon the fever in the Rawulpindee Gaol, by Dr. Lyons, the medical officer in charge. It would be interesting to see these.

Dr. Fairweather has prefixed to his detailed accounts of the eight cases, previously referred to, a short account of the general characteristics of the disease. Amongst these is noted the absence of yellowness of the conjunctivæ, which may show that the disease known in Great Britain as "relapsing fever" was not a factor in the epidemic. Dr. Murchison says of the disorder, indeed (*op. cit.*, p. 301), that it is unknown in India, and, indeed, in all tropical countries.

Certain remarks as to the general characters of the epidemic which Dr. De Renzy makes in various parts of his report appear to me to be more easily reconcileable with the hypothesis of its having been typhoid than with one which should suppose it to have been either relapsing or typhus fever. These remarks are as follows:—

1. It prevailed in the latter half of the year. See Dr. De Renzy, *loc. cit.*, p. 121. See also "Report on Sanitary Improvements in India," 1870, p. 30; and Dr. Bryden's Report on Cholera Epidemic, pp. 20, 74.

2. It appeared first in villages (See Dr. De Renzy, p. 121, and note to p. 87 A of the Appendix, and "Report of Sanitary Improvements," p. 45), and Dr. Anstie tells us ("Notes on Epidemics," p. 70) that typhoid is "the special epidemic of the slumbrous conservative rural districts."

3. Its severity did not vary concomitantly with that of the famine. (Dr. De Renzy, *loc. cit.*, p. 132.)

4. It affected more women than men (Dr. De Renzy, *loc. cit.*, p. 151; "Report on Sanitary Improvements," *loc. cit.*, p. 83), as I should expect typhoid would usually in India, and have noted it to do in England, explaining it in both cases by the greater time spent by the women at home, and the larger dose of poison which they thus have the certainty of imbibing if the air or the water or both were soiled in the immediate neighbourhood of their dwelling.

As Dr. Buchanan says (p. 106), "It has already been shown that nothing about enteric fever can be brought into evidence from India"; alongside of this sentence (which without some qualification limiting its scope was never justified, and should now be simply retracted) ought to be set a few equally short as well as a few longer sentences from the latest and most authoritative publication on the diseases of India and their sanitation—I mean the "Report on Measures adopted for Sanitary Improvements in India from June, 1869, to June, 1870." At p. 30 I read: "The disease [typhoid] is manifestly, Dr. Ranking thinks, on the increase in India, and is daily acquiring greater importance."

At p. 61 I find notices of it amongst our soldiers at Muttra, at Mean Meer, at Jullundur, and at Kurrachee; and I suppose that, if it is found in barracks in so many places, there is some little probability of its finding its way into gaols.

At p. 60:—"During 1868 the number of cases of typhoid was considerable. Out of the total of 91 deaths from fever, 35, more than one-third, are ascribed to the enteric or typhoid form of disease. *But exactitude in the statistics of fever is difficult from similarity of different types. The liability of the British soldier in India to typhoid fever has not hitherto attracted the attention it deserves.*"

On the same page a death from typhoid fever is recorded as occurring at Rawulpindee in the 1—6th Regiment. This is to be noted, firstly, as Rawulpindee is the place in the gaol of which there were 88 fever deaths in 1868; and, secondly, as in this Report the contagious fever inside the gaols is not distinctly spoken of as typhoid, but only the fever affecting the soldiers (see pp. 19, 78, 82). Against this abstinence from giving the fever a name must be set the disclosures of Dr. Fairweather's post-mortems. Much the same applies to the utterances of this Report (p. 15) as to Peshawur, another of the places the gaols of which were referred to by me and Dr. Buchanan after Dr. De Renzy (see Dr. Buchanan's Report, p. 96, note), 39 cases of death among the soldiers being ascribed to a "continued fever, which bears the strongest resemblance to, if it be not identical with, the enteric fever of Europe." Though the Report never names the gaol fever, it would appear that it was regarded as identical with that raging outside, for we have great stress laid on the befoulment of the water-supply of the whole population; and at p. 281 we are told, "all classes appear to suffer from this bad water. *Prisoners in gaol have nothing else to drink.*"

The gaol fever of the third gaol, that of Umballah, in which a fever was found to spread in spite of an earth conservancy, Dr. De Renzy appears to hold (p. 128), upon the Report of Dr. Bateson, to have been relapsing fever. But the precautions he lays stress upon in the case of the town of Ambalah (Umballah), pp. 133–135, are such as would be efficient against enteric rather than against typhus or its congener, relapsing fever. Two cases of typhoid, one verified by a post-mortem, are reported by Dr. De Renzy (p. 125) from Simla.

I will now proceed to comment upon another statement of Dr. Buchanan's. At p. 91 of his report, after quoting the opinions of seven gentlemen—the Rev. Henry Moule, Mr. Oswald Foster, Mr. Garnett of Lancaster, the governor of Dorchester Gaol, the late Dr. Meyer of Broadmoor, Surgeon-Major Wyatt, and Captain Mervin Drake,—he says: "From this favourable expression of opinion there are some very few dissentients"; and he proceeds to enumerate three—namely, Dr. Geo. Johnson, Prof. Pettenkofer, and myself. I have to say that to our three names Dr. Buchanan should have added, firstly, eight names of the Army Sanitary Commissioners—namely, those of General J. H. Grant, Captain Douglas Galton, Dr. John Sutherland, H. H. Massy, Esq., T. A. L. Murray, Esq., W. E. Baker, Esq., Sir J. R. Martin, and Robert Rawlinson, Esq. For the Commission composed of these eight gentlemen issued, on the 8th March, 1869, a memorandum on a "Report and Order of the Madras Government upon the Dry-Earth System of Sewage in the Madras Presidency," which was circulated more or less freely in England, which was republished in Madras in June 1869, and which, as the Report of Sanitary Improvements in India (so often quoted) very mildly puts it (p. 132), "threw the weight of their experience into the scale of sewerage by water-carriage." This memorandum should, I think, be made more accessible in England than it is at present. We have as much need of its plainly given common-sense instructions as the people in Madras; and we have, I apprehend, in our capacities of ratepayers and

taxpayers, an equal claim to have them made available for the use of Local Boards and other Sewer authorities. The Army Sanitary Commissioners, I am glad to observe, have nothing to retract of their opinions as to the dry-earth system; and in their answers to Dr. Cunningham's request for instructions in his capacity of Sanitary Commissioner with the Government of India, given in the report just quoted, at p. 206, and of date July 8th, 1870, they refer the Commissioner to the memorandum of March 8th, 1869, and add to it the following words:—"It follows that to trust to dry-earth conservancy for improving the health of towns, while ordinary station or town drainage is permitted to soak away in cesspits or on the surface, is simply to poison the subsoil with sewer water, which, if collected and conveyed in drain-pipes, would become a valuable manure. The question may now be considered as settled by scientific investigation, that the sewage of inhabited buildings should be treated as a single element, whether as regards health or agriculture; and also that to divide this sewage into two parts, and to remove the parts separately, is, as we have stated elsewhere, to pay double where one payment would answer every purpose." The same Sanitary Commission is reported, in the same volume (p. 38), as having decided that the dry-earth system could not be generally introduced into a large city like Bombay; and (at p. 13) as declaring it unnecessary to discuss a certain scheme for the removal of the sewage of Calcutta, which the Justices of the Peace for that city—with whose names and numbers I am unacquainted—had previously rejected, for this reason amongst others, namely, that it was "simply a system of dry-earth conservancy."

Secondly: The Rivers Pollution Commissioners, appointed in 1868—namely, Sir William Denison, Dr. Frankland, and John Chalmers Morton,—ought to have their opinion at least referred to. In their report, published this year, they say (p. 50): "We can have no hesitation in pronouncing the dry-earth system, however suitable for institutions, villages, and camps, where personal or official regulations can be enforced, entirely unfitted to the circumstances of large towns."

Thirdly: I think Dr. Parkes's name must be added to those of the "very few dissentients," who will thus, without counting the Calcutta magistracy, come to number seventeen, as against the seven gentlemen named by Dr. Buchanan. For in the third edition of Dr. Parkes's Practical Hygiene, which bears date April, 1869, I find the following words, which do not appear in the edition of 1864: "There is one evident objection to all these dry plans—namely, that the excreta are retained about our houses for some time. No doubt when mixed with earth they are inodorous, and it is presumed harmless, but of this no evidence has been given. What would be the result of cholera or typhoid discharges received in earth and allowed to remain in the house?"

I have upon other occasions pointed out times and places in which a dry-earth system of conservancy may have claims upon our favourable consideration: those times, I have always held, are not times of epidemics; those places do not lie within the *enceinte* of large towns. In several of the Reports which I have consulted I have found more or less favourable mention made of the system; these passages I have not thought it my business to quote, for reasons which may be readily imagined. I propose at a future opportunity to offer a further communication on this subject, in which, I trust, the readers of THE LANCET will find something of greater interest than they can, I fear, have found in this interminable array of authorities. The immoderate length to which my paper has reached may be justified, I hope, upon the principle that a man who goes a little out of his own proper line, as I suppose I do by meddling with hygiene, ought to be doubly sure of his ground. I trust I have shown that I have not been wanting in this *abundans cautela*.

Oxford, Dec. 1870.

THE SIAMESE TWINS.—Chang, who was paralysed on the right side whilst returning to America last August, we hear has so far recovered that he is able to move about with the aid of a crutch, the leg being the only part now affected. We are informed that Eng, during his brother's illness, did not suffer in any way, but, on the contrary, never enjoyed better health, although necessarily confined to bed for a considerable period.

ON HOSPITALISM:

BEING A REPLY TO THE SERIES OF PAPERS BY THE LATE SIR J. Y. SIMPSON SO ENTITLED.

BY T. HOLMES,
SURGEON TO ST. GEORGE'S HOSPITAL.

(*Continued from p. 9.*)

THERE is another matter, of some importance, in Sir Jas. Simpson's Proposition I.* He says that Dr. Bristowe and I maintained in our Report "that the amount of sick aggregated upon the same spot, or, in other words, the absolute size of the hospital, has, *ceteris paribus*, no effect upon its salubrity." Anyone who would be at the trouble of reading our Report would see that in many places we dwell on the disadvantages, especially in cases of acute suppuration, of crowding patients in the same ward.† But in confounding two things which have so little relation to each other as "the size of the hospital" and "the aggregation of the sick," Sir J. Simpson committed an error which shows how theoretical the whole of his reasoning on this matter was. If he had had the opportunity of making practical acquaintance with variously-sized hospitals similarly circumstanced, he would have seen that in large towns the smaller hospitals, from the greater pressure on their beds, have a constant tendency to greater aggregation of sick; and the least inquiry into the experience of similarly situated but variously-sized hospitals would show that there is no observable difference in their salubrity, nor in the results of the operations performed in them. No better proof of the utter fallacy of conclusions drawn from figures without experience could be required than the inferences inevitably following from Sir James Simpson's Table I. He says there that the mortality of limb amputations in hospitals of 300 to 600 beds is 1 in 2½; in those of 100 to 300 beds, 1 in 4; and in those of 25 to 100 beds, 1 in 5½. Apply these figures to cases really similar, and which are familiar to us. Hôtel Dieu contains 808 beds, and Les Cliniques 97; therefore it is more than twice as safe to amputate in the latter hospital. St. Bartholomew's contains 650 beds, and Charing-cross 118; therefore it is nearly twice as safe to amputate in the latter. How far this is from being true everyone who is practically acquainted with the subject is aware. If applied to dissimilar hospitals the result is still more absurd. Thus, Haslar Hospital is the largest in England, consisting (nominally) of over 1000 beds. On Sir J. Simpson's principle, amputation ought to be more deadly in this than in any other hospital in Great Britain. On the contrary, I believe that for many years only one death after surgical operation of any kind has occurred. I merely give notorious instances to show the utter worthlessness of these figures; and I must repeat that there is no evidence to show that small hospitals, as such, are more healthy than large ones, though I am perfectly aware that the statistics of amputation in many small hospitals show lower death-rates than in some large ones. If Sir James Simpson professed himself unaware that there are any "other general causes which can explain this general result," I may refer to our Report, in which we adduced reasons for believing that it was due in part to the fact that most of the small hospitals were country hospitals, receiving usually chronic cases in otherwise healthy agricultural labourers; that the accidents were of a less severe type; that the few operations were mixed up with a larger number of chronic cases (the result of less pressure on the beds), and therefore the traumatic atmosphere was less intense. To these causes I will not scruple to add that I believe many of the worst cases, which would be operated on in large town hospitals, and which ought to be operated on, are declined. Nothing, surely, could be effected by reducing the size of urban hospitals, except to increase the pressure of urgent cases upon their beds, and, *pro tanto*, to favour the aggregation of those sick of acute diseases.

* THE LANCET, vol. ii. 1869, p. 295.

† I have not space for quotation. Let me refer to passages on pp. 489 (line 5 from bottom), 510 (line 5 from top), and 568 (clause 6), amongst many others, in the body of our Report, and to the passage commencing on p. 59 in Mr. Simon's Report, to show that we dwelt fully and expressly on the "traumatic atmosphere" engendered by the aggregation of cases.

Figures like these of Sir J. Simpson, when unaccompanied by any details, are not to my mind any evidence; nor can I retract my observation, quoted by Sir J. Simpson, that "the alleged greater salubrity of cottage hospitals, or of small city hospitals, as compared with large ones, rests on no evidence whatever." If there were really the difference between a large and a small hospital in point of salubrity which Sir J. Simpson's tables indicate, this would be seen not only between hospitals differently situated as respects their supply of patients, nature of cases, &c., but still more so between those similarly situated. There would have been some evidence forthcoming, for instance, to show that Charing-cross Hospital, or the Great Northern Hospital, with us, is healthier than St. Bartholomew's—that Les Cliniques or Cochin, at Paris, is healthier than Hôtel Dieu or Lariboisière; and such difference would be perceptible, not in amputations only, but in other operations—not in surgical cases only, but in medical also; it is too enormous not to force itself upon the attention of men engaged in the actual practice of their art in both classes of hospitals simultaneously. For instance, I myself was for a long time surgeon to the Children's Hospital with 75 beds, and to St. George's with over 300. Children, of course, do better after operations than adults; and I have often thought that the abundance and care of the nurses at the Children's Hospital were more favourable to the recovery of children after operations than at the general hospital; but I never observed any single fact leading me to suspect that my operations succeeded better at the Children's Hospital from any absence of the hospital insalubrity generated in the wards of the hospital with 300 beds; on the contrary, I have seen much more of pyæmia in children at the smaller than at the larger institution.

With reference to the passage in our Report about the Paris Hospitals, which Sir J. Simpson quotes so triumphantly (and requotes with an exultation that I must say is a little ludicrous), as involving me in manifest inconsistency, I see no inconsistency at all. The statistics of both the London and Paris hospitals are believed to be perfect—i.e., to include all cases operated on, and their results. The practice of both classes of hospitals lies amongst patients and cases of the same nature, and there are well-ascertained sources of unhealthiness in the hospitals of Paris, confessed and deplored by their own surgeons, which do not exist in those of London. For these reasons we expressed an opinion conjecturally that such sources of unhealthiness had some influence in causing the higher rate of mortality. I object to Sir J. Simpson's comparison between private and hospital practice for reasons exactly parallel to these three—viz., because his statistics of country amputations are exceedingly imperfect and unreliable; because the practice in the country deals, I believe, with cases and patients differing much from those in London hospitals; and because he has attributed to hospital atmosphere the whole of an enormous difference, which, if it exists, must obviously be due to other causes as well. I may be wrong in each of these particulars, but I submit that there is no inconsistency.

I pass over all the repetitions of his figures, which Sir J. Simpson gives as Propositions III. to VI. inclusive, merely remarking that it is hardly necessary to waste space in repeating what was so perfectly inconclusive when first published, and that an assertion does not acquire any proof by being christened a "Proposition." I come to Proposition VII., which is, that amputation of the forearm is twenty or thirty times more successful in country than in town hospital practice; and Proposition VIII., which is, that these deaths after forearm amputation in hospital practice are due to "those pathological causes which are usually ascribed to morbific hospital influences."

In his reasoning on this topic Sir J. Simpson does not appear to me to be perfectly clear. He argues in the former of his two Propositions as if the causes of death in the fatal cases were not important, which is manifestly absurd if the object is to settle what the effect of hospital atmosphere has been in producing the deaths in question; while in the next Proposition he goes on to discuss the causes of death in the recorded cases. This discussion, I must say, is marked by some strange omissions. In order to prove that the causes of death are due to morbific hospital influences, he dwells on the fact which I stated, that two of the deaths after amputation of the forearm at St. George's were due to pyæmia; but omits the fact, which I also clearly stated and dwelt upon, that in both cases *the pyæmia occurred out of the hospital*—in one case before the patient's admission (causing the disorganisation of the wrist for which the operation was performed), in the other case after the patient's discharge. Surely this is an odd effect of "morbific hospital influence." In the third case of fatal forearm amputation, an old person with diseased arteries, Sir J. Simpson says the vessels, and even the wound itself, would in all likelihood have been closed, and all chances of hæmorrhage averted, long before the thirty-eighth day (at which the fatal attack of bleeding came on), if the case had occurred in isolated country practice. I cannot say how this may be, but we know well enough that, if such miracles of healing occur in isolated country practice, they do not in town practice, whether isolated or aggregated. Sir J. Simpson appears to forget, throughout this whole discussion, that he had turned away from addressing the newspaper readers whom he selected as his first audience, and was speaking to surgeons who have had plenty of experience in dispensary and out-patient practice, and who know how cases progress in the dwellings of the London poor. I have neither myself observed, nor met any surgeon of experience who has observed, any difference in the progress of the union of wounds, under such circumstances, which has not been in favour of those treated in hospital. I am perfectly convinced, nevertheless, that the aggregation of the sick does retard the union of wounds; only I believe that it does not do so to anything like the same extent as do the dirt, the unwholesome, stuffy atmosphere, the overcrowding, and the neglect inseparable from treating the poor in their own dwellings under any known system. In the case above referred to, I think it far more probable that if the case had been treated at home, either with or without amputation, phagedæna or gangrene would have set in, and death ensued earlier. With regard to the fourth case of death after amputation of the forearm—a primary amputation at the age of eighty-one,—I must confess the oversight with which Sir J. Simpson taxed me, and apologise for it;* though no human being, I should think, except Sir J. Simpson, would classify this as a death *from* amputation. A patient at the very extremity of old age has an amputation of the hand performed, is progressing perfectly well after it, and then, more than a month afterwards, when nearly recovered from the operation, is attacked by senile gangrene of the legs; and this case is to be used to show the morbific hospital influences which cause death after amputation. The case has just as much bearing on the question as if the patient had poisoned herself. Surely this specimen of Sir J. Simpson's reasoning justifies to a great extent the incredulity with which practical surgeons have received the conclusions founded on it. Besides these four cases, there was also a fifth case, in which the patient was sinking at the time the amputation was performed, and in which the amputation did not save his life; but neither had it, as far as could be judged, any influence in shortening it. In fact, the deaths after amputation of the forearm in St. George's Hospital have been merely fortuitous, caused by the condition of the patient in all except one, and in him caused evidently by indulgence in drink at his own house, after his discharge from the hospital, where his recovery had been uninterrupted. They fully support my statement that "death after this operation is so rare that no useful end would be gained by tabulating such operations"; in fact, they illustrate it forcibly, by showing to what useless and mischievous conclusions such a tabulation has led Sir J. Simpson. Mr. Callender says "the returns of St. Bartholomew's Hospital show that nine years (in sixteen) elapsed without a single death amongst seventy-eight amputations of the upper extremities; and the results obtained in this, which ought to be possible in any other hospital, are quite as good as those in private country practice." As I read them—i. e., combining the figures with the facts of the cases,—the returns of St. George's Hospital

* The reason of the oversight was this:—On the first writing of the case in the book it was entered as an amputation of the "arm"; the latter word was then corrected into "forearm." The correction was probably the accurate version; though I cannot speak positively, as the case occurred some time since, and not in my own practice. The data from which I spoke in my former paper were probably compiled from the book when uncorrected. I merely mention this lest the reader should think me more inaccurate or careless than I really was.

fully bear out this statement, and show that the mortality *after* the operation is hardly ever due *to* the operation, and that in the very few cases in which it has been so, there has been no reason whatever for thinking that the hospital arrangements have had anything to do with the fatal result. As to the enormous difference which the figures adduced by Sir J. Simpson would show to exist between hospital and private practice, its very statement is enough to make a cautious reader suspect a fallacy.

(To be concluded.)

ON THE TREATMENT OF CARBUNCLES.

By WILLIAM MARCET, M.D.

I HAVE read with interest Dr. James C. Dickinson's communication to THE LANCET* on Indian Boils. Having on several occasions been called upon to treat carbuncles in our own country, the only means I have found to succeed in arresting this painful and distressing affection is the destruction of the carbuncle in its earliest stage by cauterisation. I question whether it be advisable to prevent the development of the first of a series of carbuncles, as it may be connected with a natural process to rid the body of some morbid substance contained in it; but I would not hesitate to adopt the present treatment for the cure of those which may follow, as boils and carbuncles seldom come single.

The first sign of a carbuncle is usually denoted by a sensation similar to that produced by a slight prick with a pin, occurring when the hand is passed over the affected part. Nothing may be seen yet on the skin, but some few hours later a small vesicle appears, when the pain becomes more acute, and may be caused by the mere contact of the clothes. If the carbuncle be allowed to proceed, say, for twelve hours beyond its very first appearance, it will run its usual course; but its progress may be arrested by the early destruction of the vesicle and its contents by means of the cauterising action of heat. I have adopted many plans to effect this purpose; but the simplest of all, and one which may be considered as always at hand, is the use of an incandescent lucifer-match. The vesicle is to be merely touched, for a fraction of a second, with the red-hot point from five to seven or eight times in succession, when it assumes a dull-whitish appearance from the coagulation of the albumen it contains. The end of a hot wire may also be used. The pain of the operation is really trifling, and it will save from a week to a fortnight's suffering. I have repeatedly applied this form of actual cautery to myself, and shall not hesitate to do so again if necessary.

In general, within four or five hours after the operation, the pain from the incipient carbuncle has in a great measure disappeared, and there is an end to it. It may happen, however, that the carbuncle, at its origin, is deep under the surface of the skin, when no vesicle appears. I have not been so successful with the use of the actual cautery in these cases as in the others; but probably, had the cauterisation been carried deeper, the mischief might have been arrested.

The present treatment suggested itself to me from a consideration of the nature of the vesicle which precedes a carbuncle. This vesicle appeared to me to contain a virus, which was the real cause of the subsequent inflammation, and I concluded that by destroying this virus the carbuncle might be "nipped in the bud." I have tried the local application of nitrate of silver and nitric acid, but they cannot be relied upon, and I fully believe that nothing will act so satisfactorily as the cauterising action of heat.

I may observe that, for the treatment to be successful, it should be applied as soon as possible after the first appearance of the carbuncle. The progress of boils in this country could probably be arrested in the same way, and it might be worth the while to try whether Indian boils might be cured by the present means.

The treatment I am recommending may not be new; but, if such is the case, it is certainly little known; and I hope this will be accepted as my excuse for the present communication.

Harley-street, December, 1870.

* Dec. 10th and 24th, 1870.

CASES TREATED ANTISEPTICALLY ON LISTER'S METHOD.

By LAWSON TAIT, F.R.C.S., &c.

1. C. S——, aged twenty-six, sustained a very severe compound fracture of the left leg. The limb was put up in a *swing* cradle, and continuous irrigation of carbolic water (1 in 50) was applied. This was continued for five weeks, during which time there seemed to be very little pus formed; but at the end of that period the fracture was in quite as loose a condition as at first, and no closure of the wound seemed to be attempted. The carbolic lotion was therefore discontinued, and no dressing whatever was employed. A thick crust formed in a day or two over the wound. For a whole month not a drop of pus appeared, and during that time the limb was left quite untouched. At length a few drops of pus appeared at one part of the scab, which, after a little piece of loose bone had been removed, was again renewed. Eleven days later union was perceptibly beginning to take place; and since the removal of the fragment of bone not a drop of pus had appeared. The next day an officious person ordered a poultice to "clear off the scab," with the result of inducing profuse suppuration, which did not cease for many weeks, during which time the case was not under my care. In this case I think that the carbolic acid does not deserve credit for arresting suppuration for more than six weeks after its discontinuance.

2. Peter D——, aged fourteen, on March 25th, sustained a severe compound fracture of the left leg, with a large external wound. The limb was put up in a swing, and carbolic irrigation was applied. This was continued until the 30th of April, at which time the wound showed such evident indications of pyæmia of a subacute form that the question of amputation was entertained. Shortly afterwards the limb was removed below the knee, and the stump was next carefully dressed with the carbolic plaster. The patient recovered slowly, and the wound did not heal until far on in June. The delay, I am quite certain, was due to the persistent application of the carbolic treatment.

3. In the case of a boy with an extensive skin wound and imperfect constitutional health, the persistence in the use of the lac plaster delayed the healing of the wound for three months. In this case I determined to complete the cure under the carbolic treatment, no matter what the time occupied, though I am perfectly certain that the cure would have been complete in three or four weeks had any ordinary dressing been employed.

4. James S——, aged thirty-eight, on June 6th was very drunk, and broke his right leg, the fracture of the tibia being extremely oblique, the tissues very much injured; the lower point of the upper fragment had punctured the skin, and a good deal of hæmorrhage had occurred from the wound. I placed the limb on a swing, and syringed out the cavity most thoroughly with carbolic lotion, and dressed the limb with the protective oil silk and the lac plaster. I reapplied the dressings on the 8th, and every alternate day, taking every precaution advised by Mr. Lister, until the 16th. Then, for the first time, suppuration appeared, and the skin covered by the plaster looked very angry, the wound pouting and showing not the slightest indication of healing. On the 20th profuse suppuration was established, in spite of all the antiseptic precautions. This suppuration continued until July 26th, when I was enabled to remove a loose fragment of bone, doing so with perfect antiseptic precautions. After this the case got rapidly well.

I may here note, as of great interest, that I have had three other perfectly similar cases of fracture of the leg, and one of the thigh, where I removed a large fragment of loose bone, and in all four I used no antiseptics, but closed the wound with collodion or styptic colloid, and all got well without any suppuration. In the case of James S——, the difficulty cannot be got over by saying that the antiseptic precautions were not perfect. They were; I did all the dressing myself, and can assert that the Lister method, involving the use of lac plaster and syringes, was carried out most faithfully, and that not a single specimen of the suppositious germs could have reached his wound, if carbolic acid could stay it.

5. Hannah W——, a domestic servant, was seen on July 5th, with acute suppuration of the left knee-joint, which had spread from the patellary bursa. The joint was laid freely open under a stream of carbolised water, and the cavity freely syringed out. The protective and carbolic plaster was applied, and the limb placed on a splint. The dressings were renewed every day until the 19th, during which time not a drop of pus was ever visible. On the 20th, as the lips of the wound were pouting and showing no inclination to heal, it was dressed with zinc ointment. On the 23rd the recovery was complete.

6. In an infant aged nine weeks, with acute suppuration of the right knee-joint, the joint was opened with precisely the same, or rather greater, precautions, and the carbolic treatment continued. The result was, however, very unsatisfactory. The antiseptic treatment seemed to have not the slightest influence in checking the suppuration, and the child died in a fortnight.

In the treatment of abscesses by the carbolic method I have been invariably unsuccessful, despite the most persevering and honest trials of Professor Lister's various methods of dressing, and all the precautions recommended by him. My opinion of the antiseptic treatment is that its merits have been greatly over-rated, and its good results, which are quite as uncertain as those of other means, are due more to the greater care taken of the cases, and to the exclusion of air.

Birmingham, January, 1871.

ON THE

TREATMENT OF PHTHISIS PULMONALIS BY GLYCERINE AND INDIAN HEMP.

BY A. BROSTER, M.D.

I HAVE selected the following case from my Case-book, for the purpose of illustrating the treatment during the various stages of the disease.

Aug. 21st, 1870.—Mrs. J——, aged twenty-seven, a tall, thin woman. She had always enjoyed good health till her marriage, two years and a half ago; had one child, healthy, but pale. Had been suffering from derangement of the liver and phthisis pulmonalis; had expectorated large quantities of matter; had a cough for some time. Had been suffering from diarrhœa more or less for three months, and never could get it stopped. She also had aphthous ulcerations of the mouth and gums about two weeks, and great depression. Was now unable, owing to swelling of the legs, to walk at all. Cold night-perspirations for months, burning of the palms of the hands and feet, and after the same flush as is now present. Chest slightly sunken in both subclavian regions; pectoral fremitus distinctly marked; resonant pectoriloquy distinct on both sides; respiration hurried. Ordered quinine, mercury with chalk, aromatic confection, and conium, in small doses, every four hours, with glycerine, Indian hemp, and stimulants intermediate; beef-tea, milk (fresh from the cow), and nutritious diet; cod-liver oil and iodine rubbed into the chest night and morning, and to wear flannel next to the skin.

Aug. 23rd.—Diarrhœa better; respiration less hurried. She considers herself slightly better. All continued.

25th.—This morning the appetite improved; mouth and throat, although troublesome, improved; had a good night; perspirations better; cough and expectoration decreased. To have champagne, stout, and cider for beverage.

28th.—Very much better; bowels much improved; mouth and throat decidedly better. Slept well last night; no perspiration; cough now slight, and also the expectoration. Mixture repeated, with a draught at night containing chlorodyne and decoction of Iceland moss.

27th.—Cold perspiration at night; pulse 92; constricted pain across the forehead. Ordered a pill to be taken every four hours containing three grains of oxide of zinc, with extract of hyoscyamus; the draught repeated at night.

Sept. 1st.—Is better in every respect, excepting that the gums are greatly swollen, she having been out and taken a slight cold. To have hot fomentations, and gargle containing dilute hydrochloric acid and chlorate of potash, with water, to be used three times a day.

12th.—Pulse 70; no perspirations; coughs only occasionally; mouth and throat better. Ordered the following mixture:—Tincture of Indian hemp, two drachms; gum acacia powder, three drachms; glycerine, two drachms; decoction of Iceland moss, eight ounces: an ounce to be taken three times a day.

Oct. 2nd.—Anticipates following her employment. Examined the chest: consolidated patch much decreased. No night-perspirations for some time. Pulse firm and less quick; tongue furred still; conjunctivæ yellow; no cough. Mixture and pills continued.

5th.—Going on well. All continued.

7th.—Still progressing favourably. Wants to leave off medicine. All continued.

9th.—Has left off taking medicine. Vesicular breathing distinct over the lobes of left side. Has been following her employment the last two or three days.

20th.—I have heard she is now doing well; only delicate.

I have under my care at the present time a case of the same kind.

Williton, Dec. 14th, 1870.

SKIN-GRAFTING.

BY R. W. GOLDIE,

ASSISTANT-SURGEON, CHORLTON UNION HOSPITALS.

EIGHT out of ten of the ulcers met with in every-day life, when subjected to the most ordinary remedies, rapidly get well. Of these remedies I may instance the following as among the chief—viz., rest, cleanliness, and caustic. The ninth ulcer will require for its cure appliances of a more powerful description, such as strong nitric acid, strapping skilfully and carefully applied, &c. &c., in addition to internal remedies and diet suited to the constitutional requirements and general condition of the patient.

The tenth ulcer—of which class there are, happily, few—will resist every known method of treatment, although persevered with for a great number of years, under the most favourable circumstances alike for surgeon and patient. It is for cases of this last description that skin-grafting promises at present to do so much, and it is because I have under my care at the present time an ulcer whose duration, position on leg, and antecedent treatment fully warrant me in calling it an *incurable ulcer*, that I venture to submit the following particulars of the case.

Lawrence D——, aged fifty-five, was admitted Oct. 15th, having an ulcer, somewhat club-shaped, situated in the front and lower part of the leg, eight inches long and ranging from two to four inches in breadth. He states that he injured his leg by falling against the sharp edge of a bucket twenty-eight years ago. He was treated for this and recovered; but eight years afterwards—i. e., in 1850—he again injured his leg in the same situation, since which time, although he has been treated in many institutions, including this one, he has received but little benefit up to the present. With such a history I felt it would be but idle waste of time to try any of the usual remedies in this case, and accordingly set about procuring a healthy surface for the purpose of grafting.

On October 22nd I transplanted from the skin of the back of the upper arm three small pieces, each the size of a pea, and bound them to the granulating surface with ordinary soap plaster. Ordered water dressing during the day, and zinc ointment at night, to be applied to the uncovered portions of the ulcer, with a bandage over all.

25th.—On removing the plaster, I found all three adhering; the bits of skin no longer looked white, but were of a reddish-blue colour, and elevated in the centre. Ulcer dressed as before.

In this, as in some of my other cases, no change took place for seven or eight days—the portions remaining perfectly visible in all my cases during this period,—when they rapidly began to increase in circumference, the margin of the ulcer also closing in with almost equal rapidity.

At the time of writing (16th), the two lower grafts are completely merged in the surrounding cicatrix; the upper one has increased to the size of a florin, and is united in one part to the surrounding new skin; the remainder of

the circumference and the margin of the ulcer are almost united.

I may here state that I have of late abandoned the use of scissors, and now employ dressing forceps and bistoury in procuring the grafts. The bistoury cuts more quickly and accurately, therefore less painfully. In my first case I bound the graft on with collodion; this proved useless, as graft and collodion were floated off by the discharge in twenty-four hours.

In conclusion, the value of Reverdin's discovery does not alone lie in enabling the surgeon to cure what have hitherto proved incurable ulcers, but also in curing them with unprecedented speed.

Manchester, November, 1870.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Proœmium.

CLINICAL RECORDS OF ANTISEPTIC DRESSING BY CARBOLIC ACID.

A CONSIDERABLE interval has elapsed since we last made any special record of the treatment of wounds by carbolic acid in the London hospitals. At that time this agent was very generally applied in some form or other, and under various conditions; and the practice of those hospitals in which the experiment was made with earnestness sufficient to afford reliable data appeared to encourage a persistence in the careful and studious application of the system. It appears, however, that in many of the hospitals this subject has not survived that first glow of interest which a new thing rarely fails to kindle; and it would be interesting to know how far this result has been due to the fact of experimenters not perceiving that the application of the antiseptic system, as Prof. Lister applies it, requires not only the mastery of a theory, but the practice of an art and an exercise of judgment which it is not possible to acquire casually in the course of one or two trials.

In endeavouring once more to direct attention to this system of dressing, it is not our object to pronounce a judgment on its merits, but, believing that carbolic acid is a powerful agent both for good and evil (as the following testimony sufficiently proves), rather to elicit what are the conditions which determine success in some cases, and failure or the production of positive harm in others. If we succeed in doing this, we think we shall contribute to an advance in the general knowledge of the subject.

ST. GEORGE'S HOSPITAL.

At this hospital, Mr. Holmes, after carefully observing its application by Prof. Lister, has given the carbolic antiseptic treatment a long and careful trial, which has been followed by such marked results as to raise it high in the esteem and confidence of the hospital staff. It has been found that the proportion of wounds that heal by first intention is decidedly greater than where no antiseptic is employed; in others, in which it has occurred, suppuration has been much less than might have been expected. It is a valuable safeguard against putrefaction, and it confers a remarkable immunity from surgical fever, and the other deviations from health which are apt to complicate the healing of wounds. Mr. Holmes's most marked successes have been in the treatment of abscesses, and in the conversion of compound into simple fractures.

MIDDLESEX HOSPITAL.

Mr. Hulke has applied the carbolic treatment to a variety of cases, with very good results; but he is not prepared to assert that it has any advantage over chloride of zinc, either as to the production of immediate union or in the maintenance of a healthy condition of discharges. He believes carbolic acid lotion (strength of two grains to the ounce) to be a very serviceable injection in chronic cystitis; the acid is not, he says, absorbed from the surface of the bladder, and in no case where it has been thus applied has he observed the train of symptoms and condition of urine which are said to be associated with its use.

LONDON HOSPITAL.

Mr. Couper has been kind enough to furnish us with the main results of the extensive trial which carbolic-acid dressing has received at his hands. Since September, 1869, he has used Lister's antiseptic dressing in about fifty important cases. The majority of them were conspicuous for the small amount of constitutional disturbance produced by very severe injuries. The patients after a few days were free from pain, they ate and slept well, and had an appearance of health by no means usual after extensive wounds. Measured by the thermometer, the wound fever was of short duration, and was occasionally absent altogether.

In some instances, the urine was black for one or more days after the first dressing, but in no case was the carbolic acid absorbed into the blood in such quantity as to cause symptoms of poisoning. Mr. Couper does not now regard the discoloration of the urine as of any moment.

The immunity from erysipelas and pyæmia was most marked. There did not occur one instance of pyæmia. One case only was attacked with erysipelas—a case of scalp wound, in which there was present an abrasion of the ear, which was not protected by any dressing; the swelling and tenderness distinctly spread from the face and neck to the scalp.

One patient took erysipelas nine days after the antiseptic dressing had been abandoned. He had recovered from an extensive compound fracture of the skull, in which the trephine had been used. Only one patch of skin granulations, less than half an inch broad, remained unhealed, when the carbolic dressing was laid aside in the belief that it had become too stimulant and prevented the granulations from drying up.

To apply the dressing successfully, it is, Mr. Couper believes, necessary to remember that carbolic acid is a stimulant as well as an antiseptic. If kept sufficiently long in contact with an open wound, so far from preventing the formation of pus, it stimulates granulations and increases and prolongs suppuration.

The aim should be to secure the antiseptic action without any stimulation of the wound. Generally this is best attained by stitching the skin edges accurately together with fine carbolised silk. By this means the skin itself is made to shield the deeper portions of the wound from stimulation.

The experiment of dressing two similar wounds of the calf—for which no stitches were used,—the one with strips of wet lint, and the other with Lister's dressing, showed the process of filling up by granulation to be materially slower under carbolic dressing thus used (or misused) than under wet lint.

Mr. Couper's experience further tends to show that an antiseptic state of the fluids within a wound is but one of many conditions necessary for union without pus. Complete apposition of the surfaces, and the absence of all gliding of one surface on the other, are at least as essential. Unless these conditions be secured the antiseptic is powerless to prevent suppuration. For this reason deep sutures often contribute to complete success. Carbolised catgut is the most suitable material for this purpose.

Seven out of eight successive cases of compound fractures of long bones were converted into simple fractures, either with or without a small patch of surface granulations, which dried up slowly. There was no pus given out, except from the surface granulations, and its amount was insignificant. The eighth case made an excellent recovery after exfoliation of a portion of the tibia. Suppuration was delayed for nearly three weeks, and the wound continued antiseptic after its occurrence.

Two compound fractures of the skull healed without any suppuration. In one there was depression, and the trephine was used. In the other the outer table only was ascertained to be somewhat deeply indented.

Several deep-seated collections of pus were emptied antiseptically, with most satisfactory results. One man made an excellent recovery after a severe illness caused by an abscess in the left kidney. An equally good result followed in two instances of large abdominal abscess, caused by pelvic cellulitis after parturition.

Provincial Hospital Reports.

BIRMINGHAM GENERAL HOSPITAL.

THE ANTISEPTIC DRESSING OF WOUNDS WITH CARBOLIC ACID.

(*From Records by* Mr. BENNET MAY, House-Surgeon.)

CASES UNDER THE CARE OF MR. BAKER.

EMMA M——, aged thirteen, suffered from chronic hip-disease, with displacement. An abscess formed in the inguinal region, above Poupart's ligament. It was opened under a stream of carbolic acid, and carefully dressed with lac plaster. About six or eight ounces in all of thin new pus escaped. The wound was closed completely in ten days, leaving no sinus. This patient made a capital recovery. After a few applications of the carbolic acid she broke out all over with an eruption similar to that of rubeola, but more papular, and accompanied by great itching and smarting. She had also dysuria, with smokiness and cloudiness of urine.

John K——, aged thirty-one, was admitted with caries of the lumbar vertebræ of ten years', and a psoas abscess burrowing among the adductors of the thigh of twelve months', standing. This was opened by free incisions under a stream of carbolic solution. About ten or twelve ounces of thick pus were evacuated. The wound was closed with lint soaked in carbolic oil, and lac plaster. Some amount of constitutional disturbance followed. The pulse rose to 104. The wound was dressed three days after, and about three ounces of pus, similar to that first discharged, came away. It was then dressed daily with due precaution. The discharge continued to gradually diminish; and at the end of a month there remained a very small sinus, discharging daily a small amount, the rest of the wound having healed. The chronic sinus remained. The pus never became fetid.

Arthur B——, aged six, had acute articular disease of the hip, following an injury. An abscess formed, and pointed on the outer side of thigh, and in the eighth week from the commencement it was freely opened under a stream of carbolic-acid solution. Extension of the flexed thigh was maintained all the time by means of weights and a pulley. Every precaution was taken, and the wound was sealed with oiled lint and lac plaster. The dressings were carefully changed every day. The discharge gradually decreased, and at the end of a month a sinus remained, discharging about half an ounce of pus per diem. The patient exhibited no constitutional disturbance.

CASES UNDER THE CARE OF MR. BARTLEET.

John W——, aged forty-three, a labourer, sustained a compound comminuted fracture of the leg on July 15th, for which the limb was amputated above the knee within a few hours. A long anterior flap was made. There was considerable injury to the tissues. It was at once dressed antiseptically. On the eighth day this dressing was discontinued, owing to the anterior flap sloughing to the extent of fully one inch of its entire thickness, and to the difficulty experienced in changing dressing on that account. It was afterwards dressed in the ordinary way, and the patient made a good recovery. During the dressing by carbolic acid the discharge was very small, and scarcely purulent; there was no smell or fetor, but little or no progress was made towards separation of the slough.

John E——, aged thirteen, was a needle-maker, suffering from caries of the tarsus. He underwent amputation of the foot by the method of Joule ROUX. All the sponges and instruments were carbolised; carbolised gut was used for ligatures. The limb was put up after four hours (having been protected in the meantime) with protective silk and lac plaster, perfectly in accordance with Mr. Lister's directions. Until the fourth day no discharge appeared. Then an abscess formed up the sheaths of the tendons (possibly from admission of air up the sheaths), considerable constitutional fever set in, and this dressing was discontinued. He did well, but recovered slowly.

William S——, aged fourteen, had his forearm cut off by metal shears. Primary amputation was performed above the elbow by transfixion. The limb was put up according to Lister's plan, with every precaution, and again dressed on the third day, when there was found to be no discharge or smell, and union seemed going on well. It was dressed again seven days after, and about half a drachm of thin discharge exuded. The carbolic odour being still powerful, it was dressed again in seven days. It then discharged about one drachm of thin serous pus, and the edges were gaping about half an inch, showing a clean, granular surface, below which union appeared to be perfect. The patient recovered without the occurrence of any constitutional disturbance.

L. E——, aged forty-eight, a female, had a small adenoid tumour of the breast excised. The wound was dressed six hours afterwards with carbolic acid. Considerable oozing took place beneath the flaps. About half an inch in depth of the upper edge sloughed on the third day, for which reason the special application of carbolic acid was discontinued on the seventh day. The wound healed slowly.

Paul H——, aged thirty-eight, had a large lipoma removed from the right shoulder. There was considerable tension on the sutures, on account of the distance from each other of the edges of the wound; and on their sloughing-out the wound gaped widely, leaving a healthy granulating sore of considerable size. It was put up, and dressed with care, by the carbolic method, for the first twelve or fourteen days. The protective oil-silk was always used next to the wound, and certainly there was very little suppurative action, but the healing process went on so slowly that this dressing was discontinued and replaced by ordinary dressing; and a good but rather slow recovery ensued.

T. D—— had a large chronic abscess of thigh of four months' duration, completely encircling the limb. It was opened under a stream of carbolic solution, and about two pints of rather thin pus were evacuated. It was closed at once by carbolic oil, lint, and lac plaster. The wound was re-dressed in three days, and five or six ounces more pus were evacuated; it was then dressed daily with great care. In a month the wound had quite healed, leaving no sinus. The pus never became fetid, and there occurred throughout no constitutional disturbance.

CASES UNDER THE CARE OF MR. GOODALL.

George A——, aged forty, a carriage maker, had two very large, rapidly spreading phagedænic ulcers of the leg, giving rise to copious hæmorrhage, and supervening on cellulitis of the limb. He was cachectic and greatly exhausted. Amputation was performed on July 13th above the knee, with a long anterior flap. The instruments were carbolised; carbolised gut ligatures were used. The limb was put up at once with protective oil-silk and lac plaster. It was dressed in forty-eight hours, and subsequently every twenty-four hours, according to the method of Prof. Lister, with the use of a curtain. At the first dressing, about two drachms of thin grumous fluid escaped, and at later dressings amounts varying from a few drops to half a drachm of thin grumous discharge escaped. At no time was there any fetor or true pus. The patient's condition steadily improved after the operation. Union was for the most part complete in from three to four weeks, and he left the hospital on 1st September quite sound. Nothing was seen of the ligatures. The dressings were applied with great care throughout. The result was very good.

Alfred D——, aged sixteen, a wire-drawer, had the foot almost severed from the leg by a hot wire passing over it. The leg was amputated in the lower third, with anterior and posterior flaps. It was put up carefully with carbolic acid, in the same manner as the preceding case, the carbolised gut being used also for sutures to bring the flaps together. On the third day these broke through and allowed the stump to gape widely. The process was carried

on until the sixteenth day. There being very little or no discharge, and the granular surface healing slowly, it was then discontinued, and ordinary dressing used instead, whereby suppuration and cicatrisation in the ordinary way were at once induced. The patient made, on the whole, a pretty good recovery.

George B——, aged forty-five, a labourer, sustained a compound comminuted fracture of the left tibia and fibula, and a compound fracture of the right tibia and fibula. Amputation of the left leg below the knee was performed twenty-four hours afterwards by the circular method, and the limb was put up, as in the preceding cases, with carbolic plaster, &c., and promised to do well. The right leg was much contused, and the wound was very small. It was syringed out with carbolic lotion, and a pad of lint soaked in carbolic acid (one to four) put over it, and pieces of lac plaster over all, without any further special precautions having been employed. Great sloughing and cellulitis of this (right) leg supervened, delirium and typhoid condition came on, and he died twenty-three days after the accident.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JANUARY 3RD, 1871.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

THIS being the annual meeting for the election of officers, the number of actual specimens shown was rather less than usual.

DR. HEYWOOD SMITH exhibited a Diseased Kidney, in connexion with a large calculus in the pelvis. The patient had been admitted into the Hospital for Women some time ago, for a tumour of the left side, which had existed since her childhood, when the stomach was noticed to be unusually large, and the water passed to be thick. The tumour occupied the whole of one side of the abdomen, and was thought to be renal. It fluctuated and was tapped, about 28 ounces of fetid pus escaping. Tapping had been performed before. At the post-mortem the colon was found adherent to the kidney, which weighed 9lb., was enormously increased in size, and contained a large stone in its interior. The liver was enlarged and fatty. The tumour was so large that it could be felt during life per vaginam.

DR. DICKINSON observed that most of the mass seemed to be fat, which was often seen in pyelitic kidneys. He supposed it was the result of the congestion, and was analogous to the increase of fat in some cases of pleuritis.

MR. HULKE gave a description of three cases of Rodent Ulcer, with accurate drawings of the minute characters of the morbid growth, and wished to know the opinion of the members of the Society as to the cancerous or non-cancerous nature of the disease. In his cases the growth seemed to be a form of connective tissue in which cells predominated. Case 1 was that of a woman aged sixty, who was admitted to hospital in May, 1864, with a large and deep painless ulcer of the chin, 3 by 2 inches, with edges hard and uneven, and dry, brownish, exposed bone at its bottom. The related glands were not enlarged; there was slight discharge, and the disease had begun from a wart, which had remained with little change for seven years. Microscopically the disease consisted of an active proliferation of the corpuscular elements of the connective tissue—i.e., cell masses between interlacing fibres. Case 2 was that of a patient seventy years of age, who had a deep rodent ulcer of the face. The disease began as a pimple. In this instance the same structures as in the former case were found with the microscope in the morbid tissue, the cellular elements being very distinct, the cells resembling those of the rete. Case 3 was that of a woman aged sixty-three, with a rodent ulcer of the cheek of several years' duration, and of ordinary characters. The growth was made up principally of cells like those of the rete, intermingled with others near the surface like epidermic cells.

DR. TILBURY FOX inquired if Mr. Hulke had seen any structure similar to the "globes epidermiques" of epithelial cancer, as observed by Mr. C. H. Moore? He remarked that, clinically, the disease, in its duration and non-implication of the glands, was different from cancer in the ordinary sense of that term.

MR. ARNOTT related the particulars of one case in which in the morbid tissue of the ulcer he had seem similar structures to those supposed to be characteristic of epithelial cancer.

MR. HULKE showed a Carcinomatous Growth from the Lower Jaw, and also a specimen of Fibroma of the Fascia Transversalis Abdominis, which during life caused some doubt as to the diagnosis of the nature of the tumour; but the latter could be completely defined and handled by making the patient bend forward, and it slipped away from the fingers on causing the fascia to be put upon the stretch.

DR. MURCHISON exhibited—1. A specimen of Renal Calculus, passed from the right kidney and urinary bladder of a lady, with all the usual symptoms, but where, from the concurrence of a biliary fistula discharging gall-stones, but no bile, through the abdominal parietes, and from other circumstances, there had been reason to suspect, during the weeks which elapsed before the stone escaped, that a biliary calculus had found its way into the right ureter. 2. A Gall-stone passed through a biliary fistula by a lady, whose common bile duct was obstructed and cystic duct patent, so that for several weeks all the bile secreted by the liver escaped by the opening in the abdominal wall, and where, consequently, although the stools contained no trace of bile-pigment, there was scarcely any jaundice, or bile in the urine. The quantity of bile secreted by the liver amounted to nearly two pounds in twenty-four hours. After several weeks the obstruction was removed from the common duct; bile returned to the bowel, and ceased to flow by the fistula, which closed. 3. A large Mediastinal Tumour compressing the bronchial tubes and the large vessels at the base of the heart, from a female, aged twenty-one. The cervical glands were enlarged, and the kidneys contained small masses of similar deposit. In structure the morbid deposits were not cancerous, but exactly corresponded with the tumours exhibited by Dr. Murchison in the last two sessions of the Society, under the designation "lymphadenoma."

MR. CROFT exhibited a specimen of cured Aneurism of the Popliteal Artery, from a patient in whom a thoracic aneurism also existed, and caused fatal hæmorrhage by opening a way into some of the bronchi of the lungs. In the popliteal aneurism, a complete channel existed through the centre of the consolidated clot, so that the channel of the artery had become restored.

DR. SQUIRE showed an interesting recent specimen of direct Inguinal Hernia in a woman.

HARVEIAN SOCIETY.

DEC. 1ST, 1870.

DR. W. F. CLEVELAND, PRESIDENT, IN THE CHAIR.

DR. WESTMACOTT related the case of a child, five months old, who died after vaccination. The mother accidentally cut the child's thumb, which bled greatly, and was followed by an abscess near the biceps muscle.

DR. THOMAS BALLARD read a paper "On Apoplexy," basing his observations upon the records of cases which had occurred under his own observation. Headache, giddiness, and vomiting usually precede insensibility, palsy, and death. This was a chain of symptoms which he thought to be well represented by the term apoplexy, the first three to be regarded as the earlier, and the last three as the later stages of the disease. This succession of symptoms occurs alike in both sexes and at all ages. The point of treatment urged was, that for the cases indicated a judicious abstraction of blood was the remedy beyond all others which was useful, and in many cases was the only one required.

DEC. 15TH.

DR. WYNN WILLIAMS showed a patient, aged fifty-four, who had an Epithelioma of the Lower Lip removed by Mr. Cooper Forster in October, 1869. The disease returned, and Dr. Williams injected it six weeks ago with a solution of bromine, twenty minims to one drachm of rectified spirit. About ten minims were injected into the soft parts on two separate occasions, and the whole mass sloughed out. The slough took fourteen days to come off, and the smell was

horribly offensive, but this was relieved by an iodine lotion, three drachms of the tincture to eight ounces of water. The lip was so contracted that a second operation could not have been performed with the knife.

Mr. FAIRLIE CLARKE read a paper on "Surgical Dressings." The author, after touching upon the importance of the subject in its bearings upon surgical practice and "hospitalism," drew a contrast between two methods which are in vogue at the present time—the method of Professor Humphry, who leaves all wounds, as far as possible, entirely uncovered, and the "antiseptic method" as practised by Professor Lister. The author of the paper strongly advocated the use of antiseptic lotions of various kinds, but he thought that the "germ theory" ought to be investigated on its merits as a question apart, and that the use of carbolic acid, chloride of zinc, &c., ought not to depend in any way upon a theory which is still *sub judice*. Mr. Fairlie Clarke insisted upon the need of styptics, prompt and efficient means of arresting the flow of blood, as the most important step towards bringing about immediate union or primary adhesion.

Reviews and Notices of Books.

Note-book of Materia Medica, Pharmacology, and Therapeutics. By R. E. SCORESBY-JACKSON, M.D., F.R.S.E., &c. Second Edition, revised and enlarged, and brought down to the present date, by Dr. ANGUS MACDONALD, M.A., &c. pp. 686. Edinburgh: Maclachlan and Stewart. 1871.

THE first edition of the work before us was so favourably received by those best qualified to judge of its accuracy and utility that it gives us great pleasure to see that it has been subjected to revision at the hands of Dr. Macdonald, whose large and practical knowledge of both chemistry and materia medica render him peculiarly fitted to undertake the task which would have been a labour of love to the promising physician whose death, in the prime of youth and vigour, cannot be too strongly regretted. Dr. Macdonald tells us that, besides the whole work having been subjected to a rigid revisal, many of the articles, as the Bromide of Potassium, Sulphurous Acid, the Subnitrate of Bismuth, Arsenious Acid, Conium, Digitalis, &c., have been almost entirely rewritten; whilst several additions have been made, such as those on Solution of Bismuth, the Hydrate of Chloral, Carbolic Acid, &c.

The new chemical notation has been employed throughout the work, and—which we think very advisable—without the crosses and lines that were in the first instance used to distinguish between the two systems.

Taking Digitalis as a specimen of one of the articles that have been rewritten, we find it very fairly given. The description commences with an account of the botanical characters of the plant generally, and of the leaves in particular. Notwithstanding the plant is said to belong to the Didynamia angiospermia in the heading, we think that the characters of the stamens and ovary should have been briefly introduced into the systematic description. The mode of obtaining digitaline given by the Pharmacopœia is then inserted, and is followed by a short explanation of the process; then comes the mode of obtaining the Pharmacopœial preparations; and the section concludes with an account of the therapeutical action of the drug, in which, though no reference is made to the observations of Traube, Vulpian, and the numerous continental authors who have discussed this action, a very full and clear account of Dr. Brunton's investigations, which embrace most that is positively known upon it, is given. Bearing in mind that the book is only intended as a note-book for students, perhaps this is judicious. It is better that a student should acquire a thorough knowledge of a tolerably consistent theory, from which subsequent observation may enable him to eliminate the erroneous points, if there be any, than that he should have confused notions of the opinions held by half a dozen different authorities.

The other articles appear to us to be well worked up, and to contain quite sufficient information for a student without being overburdened with details. We recommend the book as an excellent *résumé* of Materia Medica, not open to the objection of unreality so strongly urged by Professor Huxley to the study of this subject.

The Diseases of Children. By FLEETWOOD CHURCHILL, M.D. Third Edition, pp. 900. Dublin: Fannin and Co.

A BOOK which has reached a third edition, and whose author is so well known to the profession as Churchill of Dublin, would ordinarily require but very brief notice at our hands. There are, however, features in the work now under notice which compel us to speak plainly; and we regret that we are unable to speak even as favourably of this as of the former edition. The general plan and arrangement of the work are, we think, all that can be desired; and so laborious and painstaking is Dr. Churchill that, as a work of reference, embodying the views of the leading authorities, British and foreign, on the diseases of children, this is a complete encyclopædia. If for no other reason, this alone would make the book one of great value; but we feel bound to add that, in our opinion, this is its only value. As regards the history, symptoms, diagnosis, and pathology of most of the diseases of children, the work is fairly complete, and up to the standard of the present day; but when we come to practice, that to which all our knowledge of disease is subservient—namely, treatment,—we are constrained to declare our conviction that a more unsafe book to place in the hands of students or young practitioners we never came across. It abounds with directions which may be regarded as typical of the worst form of therapeutics, and we cannot too strongly condemn the practice here recommended. In our notice of the last edition we ventured to express our decided dissent from the treatment advocated by the author, and our hope that, in a future edition, this defect would be remedied; but we are afraid that, on the whole, Dr. Churchill has rather added to the evil. For instance, can anything well be worse than the following? Speaking of treatment of acute tubercular meningitis, he says: "In all forms of the disease, whatever be the constitution of the child, whether the disease be primary or secondary, *if the attack be recent*, I believe bloodletting to be necessary, either by opening the jugular vein or the vein in the arm, by cupping, or by leeching." He further recommends that "the quantity taken should be, in most cases, larger than in other diseases, or even large in proportion to the age of the child," and, further, he says that "it should be repeated three or four times." These extracts are surely sufficient to convince our readers that, at least as regards this disease, Dr. Churchill cannot be regarded as a safe guide. His other chief remedies are, cold and calomel. On turning for instruction to other acute diseases, we find they are all treated on pretty much the same general plan. Here is another illustration. "Bleeding, either general or local, is one of our most powerful means for arresting inflammation of the lungs." In the treatment of pleurisy, again, "we must have recourse to liberal bloodletting, either from the arm, or by leeches to the side, or both." In pericarditis, "the first thing is to take away some blood, either from the arm or by cupping or leeching." In endocarditis, the treatment is "almost identical with that of pericarditis." In peritonitis "a number of leeches should be applied to the abdomen, or blood taken from the arm." Even in scarlatina anginosa, if there be much febrile disturbance

and cerebral excitement, "it will be advisable to take some blood by cupping or leeches from the nape of the neck, behind the ears, or from the loins."

We think we have now said enough to show that, in regard to therapeutics, the lessons of the last fifteen years have been thrown away upon Dr. Churchill. For all practical purposes this book might have been written fifty years ago, so entirely has the author disregarded the teaching of modern physiology and pathology. We regret to be obliged to speak so decidedly in condemnation of a work upon which, no doubt, very great labour and pains have been bestowed; but we hold that the principles of treatment here advocated are dangerous to the lives of children, and ought not, in the present day, to be tolerated. We again repeat, what we said in our criticism of the second edition, that Dr. Churchill must completely change his practice, or he will never be accepted as a trustworthy teacher of infantile therapeutics.

Etudes Cliniques sur l'Hystérie. Par le Dr. E. CHAIRON. pp. 143. Paris: Baillière et Fils. 1870.

THIS is a work which is worth reading, if only for the novelty of the view which the author takes of that most protean of all maladies, hysteria. We wish we could agree with him in the belief, which he evidently entertains with all sincerity, that he has discovered not only one unfailing indication of the existence of hysteria, but also its pathology, and, *par conséquence*, its treatment. He says there is one pathological sign, that can be demonstrated with extreme precision, which does not exist in any other morbid state, but which is constantly present in hysteria; and of course, if this be true, he is justified in regarding it as "une véritable conquête de la science." The sign in question is, *insensibility in the reflex action of the epiglottis*, coincident with and due to congestion of one or both ovaries, but chiefly of the left. Here is the starting-point, and all the other symptoms, as it were, cluster round it: first, congestion of the ovary, then loss of reflex action of the epiglottis, and after that all kinds of nervous disturbances.

Here, then, is a practical question, which our readers can easily test for themselves. It is not without regret that we add that, having submitted the theory to clinical demonstration, we have reluctantly been forced to the conclusion that, notwithstanding Dr. Chairon's extremely ingenious reasoning, and his evidently honest desire to solve a difficult question, the answer is not yet. We nevertheless cordially recommend a perusal of the work.

OUR LIBRARY TABLE.

Map of the Geographical Distribution of the Medical Substances contained in the British Pharmacopœia of 1867. By A LECTURER ON MATERIA MEDICA.—This is a very useful publication, and reflects much credit on the industry of its compiler. It must be revised, however, periodically, if it is to keep pace with the acclimatisation of medicinal plants. For nearly twenty years Java, for example, has cultivated the quinine-bearing chinchonas; but in the map before us that island is set down as producing cubeba only, while Ecuador and Bolivia are made to appear as enjoying a monopoly of the well-known febrifuge. India, too, is ignored as a producer of the quinine-bearing chinchonas, although they have been cultivated there with the greatest success. Again, Brazil is correctly made the source of ipecacuanha in the present map, but before it reaches another edition we shall be surprised if that plant has also not asserted its right to a place in India, where the late Dr. Anderson's endeavours to effect its naturalisation seem so likely to issue most favourably. There is no department of medicine in which the text-books do not require incessant revision, whether by way of supplement or retrenchment, and materia medica is no exception.

The Life of Isambard Kingdom Brunel, C.E. By ISAMBARD BRUNEL, B.C.L. London: Longmans. 1870.—Technicalities apart, there is much in this work that cannot fail to be exceedingly interesting to the general reader, for the subject of it was in his lifetime either the projector of, or was associated with, some of the most remarkable of those grand feats of engineering which have distinguished this country during the last half-century. Medically speaking, there is little specially to interest the professional reader beyond the tolerably well-known incident of Mr. Brunel's accidentally swallowing a half-sovereign, which remained in the right bronchus for nearly six weeks, and was subsequently removed by the simple process of inversion, tracheotomy having first been unsuccessfully performed by Sir Benjamin Brodie. The noteworthy features of this remarkable case were thus described at the time of its occurrence by Dr. Seth Thompson, Mr. Brunel's brother-in-law:—"That a piece of gold remained in the air-tube for six weeks, quite movable, and without exciting any inflammatory action, the breathing entirely undisturbed, and the only symptom of its presence occasional uneasiness on the right side of the chest and frequent fits of coughing; also, that a fair trial having been given to the forceps, the application of this instrument to the removal of a body of this peculiar form from the bottom of the bronchus was proved to be attended with great risk to life." Mr. Brunel's biographer is unquestionably justified in attributing the successful issue of the case in no small degree to the remarkable coolness of the patient, who from the first took part in the consultations held, and assisted materially in determining the course of treatment pursued. Mr. Brunel appears to have possessed an almost incredible amount of working power, and his personal characteristics were such as to make him universally respected for his professional and private worth.

The British and Foreign Medico-Chirurgical Review. London: J. and A. Churchill. January, 1871.—This is a good average number, though not so good as some. The *Medico-Chirurgical* has long been the ablest of our medical quarterlies; but, in common with quarterlies not medical, it is not quite what it was. The high order of merit, great care, and originality displayed in many of its papers in days of yore have, perhaps, rendered us fastidious. The first article, a criticism on Professor Rolleston's "Forms of Animal Life," is written with discrimination. There is not much in the next paper, which discusses the recent physiological discoveries with regard to the origin of contagion, that is not already well known to those who have kept pace with the literature on this subject. The paper on "Gheel in the North" is interesting. "The Army in relation to Public Health," by Deputy Inspector-General Dr. Gordon, will also be read with interest by medical officers, and others occupied with questions affecting the public health. The number contains a well-written and thoughtful paper, by Dr. Shettle, physician to the Royal Berkshire Hospital, "On the Evidence to be obtained as to the Nature of Vital Force from a minute study of Anatomy and of the Laws which regulate the Electro-Magnetic Force," and others of a practical character, such as "On the use of certain Drugs in Insanity," and "On a long Sea-voyage in Phthisis Pulmonalis," besides the usual chronicle of Medical Science for the quarter.

The Monthly Microscopical Journal. January, 1871. Edited by HENRY LAWSON. Robert Hardwicke, Piccadilly.—This number contains a note "On Fluorescence *versus* Pseudo-dichroism," by the late J. B. Reade, whose decease is universally deplored. This treats of the remarkable optical

peculiarities of Phycocyan, obtained from an alga discovered coincidently by Mr. Sheppard in a spring in Kent, and by Dr. Cohn, of Breslau. The fluid appears indigo-blue by transmitted light on a clear background, but a dull deep red on a dark background and by reflected light. Mr. Reade shows there are really two substances, one vermillion, the other indigo-blue in tint, dissolved out of the plant, and hence terms the appearances *pseudo*-dichroism. Mr. McIntire contributes notes "On the Minute Structure of the Scales of certain Insects," with three illustrative plates; Mr. Slack, a "Description of an Optical Illusion Slide"; Mr. Wenham, an excellent paper on "Object Glasses and their Definition"; Mr. Griffin, a short note "On the Mounting of the Diatome Prism"; and Mr. Hudson "On Pterodina valvata, a new Rotifer."

RECENT INDIAN REPORTS ON THE CAUSATION OF CHOLERA.*

When Dr. Bryden's very laborious and exhaustive Report on Epidemic Cholera in the Bengal Presidency made its appearance we devoted a considerable amount of space to its consideration. There were many, both in this country and in India, who regarded it, and probably still regard it, as the most philosophical attempt that has yet been made to group together a large body of facts, so as to deduce from them certain general laws respecting the natural history of the disease. Dr. Bryden has since published additional and, we are bound to say, very talented expressions of his views, in which he has, incidentally, done us the honour to refer to a remark we made to the effect that his statements of facts were susceptible of a reading very different from that assigned by him. Let us now examine Dr. Bryden's theory with the aid of the very able criticism which Dr. De Renzy has brought to bear upon it. He has summarised Dr. Bryden's views in the following propositions: That the cholera virus is generated in the soil of certain districts in the lower provinces, where it has a permanent perennial existence (the endemic area); that from time to time it is thence carried by moist air as its vehicle to the upper provinces, where it has no perennial existence, but dies out after a period of usually four years, to be renewed after an interval by invasion from the lower provinces; that during its vital period it becomes dormant for a certain interval each year; that by observation of the natural laws which control it, we are able to define to a day when a dormant or latent cholera shall reappear; that certain areas are occupied by cholera in each year, while others are free from its presence; that thus parallels are formed, from the study of which we can tell beforehand what will be the geographical distribution of an epidemic; that as these parallels occur in complete subordination to meteorological influences, epidemic cholera is never in any case spread over a definite geographical area by human intercourse, nor can human agency cause the boundaries of a natural province which has been occupied to be transgressed; that a humid atmosphere is in all cases required as the vehicle of cholera, and that the prevailing wind directs its progress; that, nevertheless, cases of cholera occur by transmission from those who have been subject to the choleraic influence, or from fomites impregnated with the choleraic virus; but that no aggregate of cases so originated has ever produced a provincial manifestation of cholera.

Supposing all this to be true, the inference follows that the distribution of the disease must be under the control of great natural laws, and quite beyond human influence—not a very cheering inference certainly, but it has the advantage at any rate of letting us know the worst that we may expect. Dr. Bryden has mapped out the presidency of Bengal into certain natural provinces, with its endemic area or breeding-ground, and its epidemic area, subdivided into districts, into which cholera is carried on the moist "wings of the wind," and distributed from time to time in certain localities. Dr. De Renzy first of all defines these boundaries as laid down by Dr. Bryden, and then furnishes us with a tabular statement of those "natural provinces," which should experience invasion and immunity from cholera in alternating succession. If the reader will take the trouble to analyse this table he will perceive that Dr. Bryden's prophetical laws have been falsified by the results in several instances. It is only just to him to state, however, that he admits his parallels have failed at times. Last year, says Dr. De Renzy, afforded evidence of the uncertainty of Dr. Bryden's forecasts. Relying on his statistical parallels, he warned the Government in June that outbreaks of cholera were to be apprehended in Umballah, Ferozepore, and Mianmie, the end of July or the first week in August being the date fixed for the outbreak in the last-named station. The prediction happily was not verified; the parallel remained incomplete. This was the first occasion, since it was occupied as a cantonment, that Mianmie escaped cholera when the disease was epidemic in its neighbourhood. In this connexion it is interesting to note that this was the first occasion also that Mianmie had a tolerably safe water-supply.

That the parallels, upon which Dr. Bryden insists, have no real existence is, Dr. De Renzy thinks, shown by the fact of the rapidly increasing prevalence of cholera in the Punjab. While the Punjab was enjoying its ten years' rest from cholera, Dr. Bryden's Eastern Division was being scourged, from time to time, pretty much as it is now; and even the station of Umballah, which stands at the door of the province, was once cruelly smitten (in 1852) while the Punjab was free of the disease. On the "wind and weather" hypothesis, this exemption is inexplicable; but the altered circumstances—the increase of population and trading, and the far greater facilities for locomotion that now exist—seem, says Dr. De Renzy, to afford an explanation of the fact that the Punjab no longer enjoys the long intervals of immunity from cholera that it once did. Next take the assertion as to its non-prevalence during the blowing of hot drying winds. After citing Mr. Strachey's and Dr. Townsend's testimony pointing to an opposite conclusion, Dr. De Renzy goes on to show that in 1867, when cholera was introduced into Mooltan, after twenty-three years' interval of freedom from it, by some pilgrims returning from Hurdwar, the air was intensely hot and dry during the prevalence of the epidemic. He follows this up by other instances of a similar character, all tending to prove that cholera has raged as an epidemic at a time when the air was in a state of scorching dryness, and asks how those occurrences can be reconciled with Dr. Bryden's *dictum* that a humid atmosphere is in all cases required as the vehicle of cholera. He, moreover, shows, by a reference to Dr. Bryden's statistics of the epidemic at Mooltan, that these quite fail to express, in any adequate measure, the extent of that epidemic. Again, with regard to the statement that cholera never advances against the prevailing wind, Dr. De Renzy proceeds, by demonstrating the unsoundness of Dr. Bryden's theory of monsoon influence at Mooltan, to cast great doubts on the correctness of his general proposition on this head. Dr. De Renzy speaks with no uncertain sound, and the following passage will serve to show the wide interval that exists between his views and those of Dr. Bryden. "Atmospheric conditions, no doubt, govern the powers and seasons of reproduction of the cholera virus as they do those of other viruses, and, indeed, those of all other living things, whether animal or vegetable; but a humid atmosphere is as incapable of transporting the cholera virus from place to place as it was of transporting the potato from its original habitat to Ireland, the cinchona to Darjeeling, or the tea-plant to our own Kangra valley. In these cases human agency was indispensable to the transfer; it is equally so in the case of the cholera virus. This was the conclusion arrived at by the Constantinople Conference, and I think there cannot be a question of its correctness. Based, as Dr. Bryden's views are, on statistics

* Report on the Sanitary Administration of the Punjab, 1869. Lahore: Lawrence Press. 1870.

with little or no reference to the sanitary conditions under which the different epidemics treated of prevailed, it was hardly possible that they could be free of a large taint of error. Moreover, the statistical data he employed, though the best available, were too scanty to warrant any safe generalisation. The statistics of 160,000 men scattered over 20 degrees of longitude and 12 of latitude afford no adequate representation of the epidemic history of the vast population which occupy that immense tract of country."

Some of the facts brought forward by Dr. De Renzy—as, for example, that of the exemption of the cantonment while the town of Rawul Pindee was affected by cholera in the epidemic of 1867—are much to the point. The exemption of Rawul Pindee, according to Dr. Bryden, is to be accounted for by the fact that the station is one of those beyond his "primary influences." "I cannot affirm that a genuine case of cholera," he says, "has originated in the Rawul Pindee cantonment in our time." Now, in 1867 the town, which is not more than half a mile in the straight line from the cantonment, had a cholera death-rate of 210 per 10,000; and Dr. De Renzy very effectively observes that these "primary influences" are, it may be supposed, the same at both places; but there is an essential difference in the water-supply—that of the town being taken in a large measure from the sewage-tainted Leh stream, that of the cantonment from moderately safe wells. The Report, moreover, contains several other cases, such as the exemption of prisoners and officers, under circumstances which seem to us to prove the influence of an impure water-supply and human intercourse in spreading this disease. Dr. Bryden urges that the precautions taken against the possibility of infection by means of the evacuations have been elaborated to the last degree, and yet cholera is as great now as ever, and the mortality from it worse. Dr. De Renzy rejoins to this, on the other hand, that practically nothing has been done to prevent infection through water, the medium in which the cholera virus is propagated with the greatest rapidity.

After pointing out that the evidence regarding the causation of the disease is necessarily inconclusive on account of the difficulties and disturbing causes that surround the subject, Dr. De Renzy adds that no systematic attempts have been made to employ experiment in the solution of medical problems. A resort to experiment, that instrument of discovery by which other sciences profit so largely, is practically denied to the physician. No doubt accidents now and then occur which partake of the nature of an experiment; but systematic attempts at experiment have yet to be made, as the only way, in Dr. De Renzy's opinion, by which definite results can be obtained. He throws out the suggestion that, as upwards of 200 convicts are executed in the Presidency every year for murder, society has a right to put these great medical problems, upon which the happiness and well-being of the human race in so many parts of the world depend, to the test in their persons.

We would strongly advise everyone to read this Report—which is so clearly written that we have had occasion to do little more than strictly follow it—for themselves, for we regard it is an uncommonly good one.

Foreign Gleanings.

CHOREA.

DR. STEINER, of Prague, relates, in the *Jahrb. f. Kinder.*, 3 Heft, 1870, an epidemic of chorea in girls. Out of nineteen cases, eighteen belonged to the female sex. Imitation had not, in these instances, any influence; but there must have been, in all probability, one general cause for the epidemic. Dr. Steiner thinks that the pathology of the complaint is to be sought principally in spinal irritation. The bromide of potassium, which has been much lauded for chorea by various authors, failed entirely in this epidemic; whilst excellent results were obtained by Fowler's solution. The author increased the doses gradually, and reached in some cases from seven to eight drops in the twenty-four hours. Dr. Steiner found the combination of opium with the solution very advantageous, and uses the following mixture:—Distilled water, four ounces; Fowler's solution, eight drops; tincture of opium, six drops: four tablespoonfuls in the twenty-four hours.

THE DRESSING OF WOUNDS.

Dr. Florschütz states, in the *Med. C. Zeit.*, Jan. 4th, that he had lately under his care numerous wounded German soldiers who reached the hospital after six days' journey. At first he used the common dressings, but soon gave the preference to tinfoil. The latter is placed in an imbricated manner on the wound, and over the foil some charpie where the suppuration is abundant, and a simple compress where it is not. The dressings were changed twice in the twenty-four hours at first, but only once when the patients improved. The author prefers the tinfoil to lead-leaf, which has been recommended, and has found that the most severe gunshot wounds did well with the tinfoil, which latter is very cheap and easily procurable.

EFFECTS OF A FORMER SYPHILIS UPON WOUNDS.

Dr. John Merkel, of Nürnberg, relates three cases, in the *Aertz. Int. Bl.*, No. 49, 1870, in which syphilitic symptoms made their appearance when cicatrisation was almost complete. One case was one of hydrocele, tapped and treated by Beck's method of incising the tunica vaginalis and fixing it by suture to the external skin. The two others were gunshot wounds. The latent syphilis did not interfere in the least with the progress of healing; but just when the solutions of continuity were upon finally closing, either eruptions appeared over the whole frame, or unmistakable syphilitic tubercles formed on the margins of the wounds. The author ordered mercurial frictions with the best effects.

CANCEROUS INOCULATION WITH THE TROCAR.

Dr. Reineke has published, in Virchow's *Archiv* (51 Bd., 3 Heft), two cases of abdominal cancer, in which paracentesis was used. Both cases ended fatally, and it was found that cancerous tumours had formed along the track of the trocar. The author considers this as a regular inoculation, and thinks that, in appropriate cases, experiments should be undertaken. The tumours here alluded to are very different from the cancerous deposits which may take place at a distance from the region principally invaded by carcinoma; they were evidently the result of direct traumatic contamination.

HOW SMALL-POX IS PROPAGATED.

To the Editor of THE LANCET.

SIR,—I was called on Sunday evening last to see a poor woman's child, which I found to have confluent small-pox. Upon inquiry if it had been vaccinated, the reply was in the negative. Upon asking if she could at all account for the poor child having it, she informed me that, her husband being out of work, she had occasion to go to the pawnbroker; that there was in the compartment where she was a woman upon the same errand as herself, who complained of being so very weak that she could scarcely stand; she wished they would make haste, as she had only just recovered from the small-pox.

The corollary is obvious—viz., that the seeds of the disease were conveyed to the child through its mother coming in contact with the other woman, who doubtless was raising the means to procure herself the necessaries of life.

The articles which the small-pox woman pawned will, in the course of time, either be taken out or sold, and thus spread the disease afresh; or the numerous hands through which this pledge goes before it is deposited in the resting-place until it is redeemed may possibly convey this direful disease more immediately to some of their own family circle. Can nothing be done to prevent this source of evil?

I am, Sir, your obedient servant,

H. HODSON RUGG.

Grove-road, St. John's-wood, Jan. 10th, 1871.

DIPHTHERIA IN GERMANY.—The "Med. Cent. Zeit.," of Berlin, says that this complaint is reigning extensively in that capital, attacking both young and old. Many cases have been observed in the military hospitals.

THE LANCET.

LONDON: SATURDAY, JANUARY 14, 1871.

THE British Medical Association seems in danger of being committed once more to a hopeless and mischievous policy in regard to medical reform. The so-called "Reform Committee" of that body met the other day at Birmingham, and passed a series of resolutions which exhibit a curious mixture of assumed and of genuine ignorance of the actual position of the question. The Reform Committee propose to draft a Medical Bill, based on that of the Government, embodying "the principles contended for by the Association"—i.e., one portal, compulsory registration, improved examinations, the annulling of honorary degrees, an effective penal clause, and direct representation of the profession to the extent of one-fourth of the Council; *leaving the medical corporations, however, in possession of half the seats in that body.* There are two features of this proceeding which exhibit an assurance beyond the capabilities of ordinary men. The first of these is the cool ignoring by the Committee of two facts: first, that a Bill has been already drafted by THE LANCET which includes all the real reforms that they propose and a good deal more, and that this Bill has already received the public support of several provincial medical associations and of a large number of independent practitioners; secondly, that the Reform Committee had so far only succeeded in making itself ridiculous, as regards this matter of medical reform, by its proposition to provide for the direct representation of the profession by simply adding a few more talkers to the Babel of the existing medical debating forum, and, in consequence, is not very likely to secure a favourable hearing from the Government officials. But there is something even more absurd in the pretensions of the Reform Committee of the British Medical Association to represent the profession at large. We suppose it is no secret that this Committee is exclusively composed of a few persons who have been accustomed for years to manipulate the affairs of the Association as they pleased, and of several respectable and amiable men who are quite unconscious of the uses to which they are being put. And it certainly is no secret, for the authorities have just officially published the fact, that the entire Association includes less than 28 per cent. of the profession in England and Wales, only 5 per cent. in Scotland, and only 12 per cent. in Ireland. Under these circumstances we submit that any scheme framed by the Reform Committee of the Association has little genuine claim on the attention even of the Association itself, still less on that of the profession at large. And as it is well known that two of the most influential members of the Reform Committee have already expressed their dislike to any proposition which would materially diminish the present number of members of the Council, we can only regard, and we believe the profession will only regard, the proposed action of the "Reform Committee" as a not very dignified stratagem against the broader, and, as we venture to believe, more statesmanlike scheme which we have proposed.

We are unwilling to believe that the profession will allow itself to be so misled as to assent to the monstrous proposal of reserving one-half of the seats in the Council for the representatives of corporations.

Meanwhile, we would seriously remind the profession at large that the time is short, and that they cannot afford to waste it. Unless the general voice of the profession strongly upholds some broad and independent scheme like that which we have submitted to public criticism, it is likely that the thoroughly selfish scheme of the three London corporations—who do at least understand what they want, and will fight for it to the last—will win any easy victory over the feeble project of reform which the British Medical Association is allowing its Reform Committee to put into its mouth.

A CIRCULAR from Mr. SIMON at any time on a matter of importance, either in medical science or in medical politics, is a thing of interest to the whole profession and to the intelligent section of the public. At the intimation of such a thing expectation rises in the mind of the reader, and the feeling is rarely followed by one of disappointment. We confess, however, to something like this feeling on reading the circular of Mr. SIMON addressed to all the metropolitan boards of guardians, and occupying a column in *The Times* of Saturday last, on the subject of small-pox. We knew, in common with everybody, of the disgraceful prevalence of this disease. All the special hospital accommodation for the disease was occupied. It had invaded at least two of the largest general hospitals in London. A very large number of cases were notoriously being treated at home in the houses of the poor. And the mortality bill of the week in which Mr. SIMON's letter appeared announced the fact that one hundred and ten persons had actually died of small-pox. By a curious coincidence the same mortality returns showed an identical number of deaths from scarlet fever. In other words, small-pox caused as many deaths as if it were a no more preventable disease than scarlet fever. It was not only the actual extent of the epidemic, but the fear that we had not seen the worst of it, that made one look with such interest to any sign from Mr. SIMON, who so ably advises the Medical Department of the Privy Council. Such was the crisis. If there was not an unprecedented dearth of vaccine lymph in the different parts of London, there was, we believe, a severity of small-pox unparalleled in late years. What was to be done? What steps were to be taken to stop this perfectly preventable disease that, as Mr. SIMON was writing, was going through its incubation in a fresh batch of cases? The disposition was to look for a recommendation of an increased number of public vaccinators, if only for the emergency, and for an increased premium on the production of proof of the successful performance of the operation of vaccination. Such, however, was not the drift of Mr. SIMON's letter, which was mainly occupied in urging two points: first, the great importance of appointing special officers under Section 28 of the Vaccination Act to look up unvaccinated children;

and, secondly, the printing of placards giving public notice of the exact arrangements in force for public vaccination. Mr. SIMON enclosed in his letter the "Memorandum of the Steps specially requisite to be taken by Boards of Guardians under the Vaccination Act, 1867, in Towns in which Small-pox is Epidemic." This memorandum details at length (1) the duties of vaccinators; (2) the special arrangements for the public vaccination of cases of emergency; (3) the isolation of the sick, and disinfection. The special arrangements for the public vaccination of cases of emergency include the attendance at a fixed hour daily at a station, or at the surgery or residence of the public vaccinator for the vaccination of cases of emergency only. The guardians must ask the sanction of the Privy Council for such exceptional use of the surgery or residence. The memorandum, in its first part, sets forth that the vaccination officer should make it well known that the public vaccinator is at liberty to revaccinate grown-up and young persons (not under twelve years of age) who have not been before successfully revaccinated. We think that, considering the decline of the protective power of vaccination with time, and the fact that a large number of cases of small-pox occur in persons who have been vaccinated after a fashion, also that small-pox scarcely ever occurs to persons who have been well revaccinated, prominence should have been given to this part of the memorandum in Mr. SIMON'S letter. It is evident that revaccination is almost as necessary as vaccination, if the public is to be saved from such epidemics as the present.

Mr. SIMON'S letter shows, on the part of himself and of his department, unbroken faith in the soundness of those principles upon which he has always advised boards of guardians in regard to the Vaccination Act. He seems to think that the great want at this moment is that of a few inspectors to look up unvaccinated children—sensible but unskilled men, taken from the class which supplies our relieving officers and our inspectors of nuisances. Undoubtedly there is every reason to believe that such officers are indispensable to the thorough working of the Act. And serious is the responsibility of guardians who have either failed to appoint such officers or appointed them to impractically large districts, as in one case that has come under our notice, in which an officer did not get into one part of his district till six months after his appointment. It admits of demonstration that where guardians have most completely disregarded the instructions of the Privy Council, as in Bethnal-green and Mile-end Old Town, there has the disease been most fatal. It is appalling to think that, in regard to a disease at once so terrible and so preventable, we should be at the mercy of such men as often compose boards of guardians, who would rather save fifty pounds a year by not appointing an inspector than save by such an appointment the lives of five hundred people and all the cost of their sickness and death. If no other good is to be got out of this epidemic of small-pox, let us hope it will lead to a consideration of the fitness of guardians to administer such a vital measure as the Vaccination Act.

At the same time, while we fully perceive the force of the evidence which throws the chief blame on the boards of guardians for the frightful state of matters in London, we confess to thinking that there is room for doubting whether the Privy Council is not a little too confident and dogmatic in the instructions which it has issued to boards of guardians, and which, we presume, have in the main been followed in London. It is not clear to us that the reduction in the public vaccinators is not somewhat to blame for the extent of the present epidemic. We think there should be a little more misgiving on the part of the department on this point, in the face of a great dearth of vaccine lymph and an unprecedented prevalence of small-pox. The inconvenience of vaccination stations, and the strangeness of public vaccinators to the poor whose children have to be vaccinated, may yet prove to be material parts of the explanation of the difficulty of overcoming the carelessness or the reluctance of parents in this matter. We shall keep these points in view. But no information that we can gather will exonerate guardians who have failed in their duties in regard to this most wise and beneficent Act.

WE are indebted to Mr. BROMLEY DAVENPORT for the production of a very long but instructive correspondence between the Poor-law Board and the guardians of the parish of Birmingham, which deserves, and we trust will obtain, the attention of members of Parliament during the ensuing session. The first point which strikes us as peculiar is, that the correspondence is commenced by a member of the Town Council. This gentleman had been a guardian in 1867, and, having then found that the sick poor of Birmingham could not be properly attended to by six medical officers, had himself assisted in getting the number increased to eight. In January, 1869, this gentleman wrote to the Poor-law Board calling their attention to a proposal which had just been adopted by the guardians to reduce the medical staff from eight to five at the following election in March. This remonstrance was followed up by a memorial from the Midland Branch of the British Medical Association, by private letters, and by a protest signed by the physicians and surgeons of the public medical charities of Birmingham. We have had many opportunities of commenting on the indifference of the Poor-law Board as to the efficiency of the Poor-law medical service; and it seems to us in the highest degree reprehensible that, with a staff of inspectors whose whole duty it is to watch the actions of boards of guardians, it was left to outsiders to draw the attention of the Poor-law Board to a change which, upon the face of it, was calculated to inflict very cruel hardships on the sick poor, and injustice towards the medical officers who had to be dismissed. But with such urgent remonstrances laid before them, it might have been supposed that the Poor-law Board would have at least taken prompt steps to ascertain the facts, with the view of preventing, if necessary, the proposal of the guardians being carried into effect. In a few days the time would be gone by, and nothing would have been more reasonable than the dispatch of an inspector to inquire, and a request that action should be delayed until the inquiry was complete. But nothing of the kind took place. The Poor-law Board, after a month's consideration, simply wrote to the guardians for the observations on the memorials made to them; and the

guardians, without even acknowledging the letter, proceeded to elect the reduced number of medical officers, whose names they very coolly transmitted for the approval of the Central Board. The knowledge of this proceeding was apparently obtained by the Poor-law Board through the medium of the public journals; for we find that, on the very same day, they recognised the false position in which they had been placed by their inaction by remonstrating with the guardians against what was, in spite of all, an accomplished fact. No one will doubt that the Poor-law Board could have prevented the guardians from thus acting if they had shown any real interest or energy. The guardians would not have had the discourtesy to refuse a request for delay and further investigation, if such had been made. And in the absence of any prompt action, it is scarcely surprising that the guardians should pursue the usual course of acting first and seeking subsequently the approval of the Central Board.

And now began a correspondence which bids fair to go on for several years to come, and which is admirably illustrative of that "how-not-to-do-it" form of vestrydom of which the Poor-law Board is eminently the chief. An explanation is mildly required of the reasons which led the guardians to reduce the number of medical officers from eight to five, in face of the fact that six had been so recently found insufficient to meet the wants of a rapidly increasing population and of a greatly extending town. Attention is drawn to the monstrous violation of the Consolidated Orders of the Board in the constitution of medical districts containing an average of nearly 50,000 instead of 15,000 persons. The cases of Liverpool, Manchester, and Sheffield are quoted as having all a comparatively larger staff; and a threat was held out that the Board would refuse their sanction to the proposed reduction unless it could be satisfactorily shown that the duties of the medical officers had materially diminished—a thing which the Poor-law Board knew, from their own returns, to be impossible. This gave rise, as might have been expected, to a series of special pleadings in support of the action of the guardians, the truth or falsity of which the Poor-law Board took no measures of their own to test. It was erroneously stated that the density of the Birmingham population enabled the medical officers to do an unusual amount of work; the fact being that the population of Birmingham is not half so dense as that of Liverpool, and is much less so than that of either of the other towns. The guardians roundly asserted that the work was well done, and of course their word was taken without any investigation. The guardians affirmed that their officers were well satisfied; whereas it subsequently turned out that, although they were ready to undertake any amount of duty for increased pay, yet the mode of supplying drugs was as unsatisfactory as their salaries.

Thus embarked in a controversy in which the arguments of common sense were placed in so false a position, the Poor-law Board made their case worse by assuming the indefensible position that it was the duty of the guardians "to make provision not only for medical attendance on the present number of sick poor, but for any sudden or unexpected increase, which will in all large towns occasionally take place"—a line of argument which was of course refuted by the guardians, who offered freely to provide extra attendance should the emergency arise. Thus beaten, the Poor-law Board caved in with a weak expression of reluctance, and the arrangements of the guardians were sanctioned for a year.

In February last the subject was again renewed in the old way. The guardians were asked to produce returns and reports; but there is no evidence that the Poor-law Board made any inquiries by their own officers as to the manner in which the sick poor were actually attended; and again the Poor-law Board permitted themselves to sanction arrangements of which they dare not affirm their approval, and they get out of it by expressing a hope that the guardians will either introduce dispensaries or increase their staff.

The struggle is again on. The guardians have recently issued statistics in support of the sufficiency of the reduced staff, and they have also rejected the proposal to adopt dispensaries by a majority of two to one. We shall await with interest the further action of the Poor-law Board. We call upon the President for action. We warn him that this is not a question which is to be settled by statistics, but by facts. It is his duty to ascertain whether the sick poor are really attended as they ought to be. It has been given in evidence before the Sanitary Commission that the Poor-law staff of Birmingham neither obtains nor deserves the confidence of the sick poor, and it is clearly Mr. GOSCHEN'S duty to rebut the assertion or provide a remedy. The time for action is short, and the session of Parliament at hand. We have every confidence that Mr. BROMLEY DAVENPORT will continue his interest in this important question, for we believe that there is no department of the public service in which reform is so urgently required as in the administration of medical relief to the poor.

THAT veteran naval medical reformer, Dr. FREDERICK JAMES BROWN of Rochester, himself formerly an assistant-surgeon R.N., has most opportunely brought out a pamphlet in which he forcibly states the existing grievances of our brethren in the navy, and urges some necessary reforms, which embody much for which we have long contended.

Dr. BROWN proposes to remove at once a great source of annoyance in many ways by abolishing the term "assistant-surgeon"—a remnant of the old days of "surgeons' mates," who were not necessarily qualified medical men. Nowadays every candidate for the navy must be a registered practitioner under the Act of 1858, and is therefore a surgeon by Act of Parliament. Then again the title "staff surgeon," which implies a senior surgeon in the navy, but possibly a very junior one not yet attached to a regiment in the army, is dismissed as liable to misconstruction; and the title "surgeon-major," thus corresponding with the office in the sister service, is proposed for adoption. Dr. BROWN very wisely proposes to retain the examination at present used as a promotion examination from the rank of assistant-surgeon, so as to ensure professional progress on the part of the young surgeons; and this he would put after five years' service, dismissing all who failed to have passed at ten years' seniority. The surgeons would then, it is hoped,

become surgeons-major after fifteen years' service, instead of twenty as at present, and then rank with commanders.

A novel feature, but one which we have before now urged upon the Admiralty, is the proposal that after ten years' service the surgeon should have the option of continuing in the service or of going on a reserve-list, receiving a small half pay, and being liable to be called on for war-service; but if not so called on for ten years, then to cease to draw any pay and to become a civilian. Dr. Brown also suggests the propriety of avoiding that overcrowding of the lists which always follows a war by engaging temporarily the services of qualified medical men, who should be rewarded with a gratuity and be entitled to pensions for wounds, as was the case with the unqualified "hospital dressers" engaged by the Admiralty for the Baltic fleet in 1855.

A great improvement was introduced a few years back by the restriction of staff and hospital appointments to a five years' tenure instead of for life. In consequence of their small number, however, and more particularly owing to the recent rule of placing officers on the retired list if unemployed for five years through no fault of their own, it is proposed that these appointments should for the future be limited to three years. At the same time Dr. Brown points out the present unfair treatment under which the officers holding these appointments labour by being deprived of their proper allowances for servants &c. The most flagrant examples of this are the cases of the inspectors-general at Haslar and Plymouth Hospitals, who, though doing the duties formerly allotted to a captain superintendent, in addition to their more strictly medical work, have only the pitiful sum of £85 per annum allowed them, as before the change, instead of £200, to which they are fairly entitled. Of course the miserable quibble by which the staff-surgeon to the admiral's ship of the Flying Squadron has been deprived of his table-money must be provided against; and the staff-surgeons of all flag-ships on foreign stations or in Channel squadrons, when no deputy-inspector is borne, should be entitled to the extra allowance. With regard to actual pay, Dr. Brown's demands are, we think, extremely moderate. Commencing the full pay at 11s. per diem, as at present, he would after five years make a biennial increment up to fifteen years' service, when the surgeon would be drawing £1. The surgeon-major's pay would then increase annually 1s. per diem, attaining its maximum of £1 13s. at twenty-eight years' service. Of course, in respect of retired pay, the equalisation of the maximum attainable by the civilian branches of the services is insisted on, and the option given of retirement after twenty years' service. Dr. Brown would commence at £300, and by yearly increments of £10 reach the long-demanded £450 at thirty years' service. For deputy-inspectors a maximum full pay of £2 2s. per diem, and for inspectors of £3 3s. per diem, is perfectly fairly demanded, the maximum retired pay for the former rank being £600, and for the latter £745.

The subject of pensions, both good-service for those on the active, and Greenwich Hospital for retired officers, causes great dissatisfaction. We have previously animadverted on this point, and we trust that the lucid manner in which Dr. Brown has exposed the matter will secure its reform.

We have thus sketched the principal points in Dr. Brown's scheme, which appears to us to be a thoughtful and judicious one, and likely to prove satisfactory to the naval medical profession. The Admiralty must do something to increase the attraction of its medical service, when it has to compete for candidates with the army; and the reasons for this are cogently stated in the following extract from Dr. Brown's pamphlet: "The superiority of the army consists in continuous full pay, numerous inspectorial appointments, and Indian pay, without mentioning the natural difference betwixt land and sea service. Advantages *ejusdem generis* must be more liberally bestowed on naval medical officers so as to bring about equality in the attractions offered by the public services—the balance being adjusted in favour of the navy to compensate for discomforts of life at sea."

Medical Annotations.

"Ne quid nimis."

THE IRISH COLLEGE OF SURGEONS' BILL.

The Royal College of Surgeons of Ireland, which has always displayed a commendable interest in the question of medical reform, and took much trouble in the matter last year, has issued a statement of the principles on which, in the opinion of the College, a Medical Bill should be framed. These principles are almost identical with those of the Government Bill last year, with two exceptions—the addition of the principle of direct representation of the profession in the General Medical Council, and the giving the privilege of approval and, in cases where the medical authorities do not agree upon a scheme, powers of action to the General Medical Council, and not to the Privy Council. The College would give five direct representatives of general practitioners in the Medical Council—viz., three for England, one for Scotland, and one for Ireland. In order to make some room for these, it would reduce the number of representatives of the Crown by three. The representation of the corporations and other medical authorities is to remain as at present—that is to say, that while the Crown is to be content with three nominees, and the whole profession with five, the medical authorities are to have seventeen! If we read the signs of the times at all aright, the Medical Council will have to be reconstructed on very different principles.

The Bill of the Irish College claims the power for its Medical Council of compelling all the medical authorities, in each division of the kingdom, to unite so as to form an examining board. It gives to the medical authorities power to arrange the curricula, and the schemes of examination, the fees, and the division of fees; but requires for the schemes the approval of the Medical Council. The College thinks that the evil of the existing system is essentially the want of uniformity in the character of examinations, and the fees for them. It would secure uniformity of examinations by requiring such arrangements as would secure representatives, at each examining board, of the other two examining boards of the kingdom. We see no provision in the Bill for securing uniformity of examination fees for the licence throughout the country, which is a very important point. The one-portal principle is not secured, for the College would permit the medical authorities to grant their various

diplomas and degrees, and even licences; but none of these would entitle the holder to be placed on the Register until he has passed one of the examining boards. After passing one of these boards he may be affiliated, without further examination, to one of the existing colleges for a sum not to exceed £10 10s. There are various other provisions, similar to those embodied in our own and the Government Bill. It would seem that the College acts alone in this matter, as far as the Irish bodies are concerned. The Bill is, apparently, intended to protect the medical authorities, and must be regarded as a perfectly inadequate scheme for reforming either the Council or the corporations. We would go so far as to say that if the individual corporations are all to remain in force in the Medical Council, we would rather refer schemes to the Privy Council than to it, to be haggled over for a week, and then to be compromised. We urge the Irish College to support our Bill, and so maintain its own dignity and independence.

EDINBURGH UNIVERSITY.

THE Association for the Better Endowment of the University of Edinburgh held its annual meeting on Monday, in the hall of the Royal College of Physicians. The Lord Justice-General presided, and the attendance was large and influential. During the past year, life subscriptions and donations to the amount of £340 had been received; the sum now available for permanent foundations was £890; and in nine years the Association had devoted £52,000 to foundations. Dr. Neil Arnott, it was stated, had announced his intention of giving to each of the Scottish Universities the sum of £1000 in the course of the current year. A vote of thanks to Sir Roderick Murchison for his munificent donation of £6000 for the endowment of a Chair of Geology was unanimously agreed to. The proceedings closed with Professor Turner's resolution: "That the Association had learned with pleasure that there is immediate prospect of the foundation of a Fellowship in memory of the late Professor Syme, and it will be disposed to consider favourably any application of the contributors thereto for a grant from the funds of the Association for the immediate completion of the endowment." We are glad to think that this movement has made such progress. It was through the exertions, and, indeed, the personal recommendation, of Professor Syme, that the only medical scholarship at present existing in the Edinburgh University was established; and had Professor Syme's own wishes been consulted, he would undoubtedly have preferred that the University's recognition of his great services should take the form of a Fellowship for the encouragement of those pursuits in which he was a master.

THE ACTION OF MERCURY ON THE LIVER.

THAT mercury does not stimulate the liver, or increase the flow of bile in any way in health, but tends rather to bring about an opposite result, was the conclusion drawn from a series of experiments on dogs, conducted by a special committee appointed by the British Medical Association. Dr. Hughes Bennett has followed up the investigation which resulted in establishing the above conclusion by the performance of another set of experiments, having for their object the determination of the question whether—as affirmatively asserted—"mercurials possess any specific power of exciting the biliary secretion, by acting on the orifice of the common bile-duct, and so stimulating the secretion, through the nerves which connect it with the liver, just as pyrethrum or vinegar stimulates the salivary glands when it is applied to the orifices of the salivary ducts." These experiments have led Dr. Bennett to conclude that the drug has no such power. Several mercurial compounds used as medicines were treated in such a way as to approximate their condition to that which they would assume when digested for a while, and then applied to the orifice of the common bile-duct. For instance, blue pill rubbed up with milk was given to a cat, which was killed in an hour afterwards; the contents of the stomach being kept for three hours at a temperature of 100° F. Some of this fluid, portions of digested mixtures of blue pill and milk and rennet, calomel and milk, and corrosive sublimate and milk, were applied to the orifice of the common bile-duct of a chloroformed rabbit at different times, without exciting the escape of bile. The same result followed the application of a mechanical irritant, acetic acid, powdered calomel, bichloride of mercury, and the two poles of an interrupted electric current, to the orifice of the duct, or of the electric current to the gall-bladder itself, or the liver. But one occurrence of practical significance was noted. When the abdominal or thoracic muscles were excited by the induced current, then a free flow of bile from the common duct occurred. Dr. Bennett denies the presence of any muscular coat in the gall-bladder, and the possibility of its being excited to contraction by reflex irritation; and concludes that mercurials are not cholagogues in any sense of the word, neither are substances that irritate the orifice of the bile-duct, but that pressure exerted upon the liver and gall-bladder by the contractions of the surrounding muscles cause the bile to flow into the duodenum; hence the value of exercise in certain bilious complaints.

DR. MOUAT'S REPORT ON THE BENGAL PRISONS.

WE never fail to read with satisfaction the annual reports of Dr. F. J. Mouat on the Sanitary Administration of the Gaols in the Lower Provinces of Bengal, because we observe indications year by year of the fact that something tangible is being effected by sanitary improvements in Bengal, and indications are gradually forthcoming of the direction in which further efforts should be made. From Dr. Mouat's Report for 1869, lately received by us, we learn that in a year of unusual epidemic sickness, and one in which cholera was especially rife, the average annual mortality-rate decreased by no less than 2·73 per cent.

Cholera was the absorbing medical topic of the year. Out of a prison population of 19,984 persons, 528 were attacked, and 202 deaths occurred. Some very careful examinations of cholera dejections were made by Dr. Cunningham, with the result of finding the flocculent deposit to be composed of countless numbers of ciliated or amœboid bodies, contained in a gelatinous matrix, which are identical with similar infusoria that abound at certain times in the water and soil of Calcutta. The bodies are often in very active movement, round or oval, or assuming an amœboid form; these, when at rest, constitute the "cholera corpuscles," and are liable to be mistaken for fungi, epithelium, pus, or blood-cells, &c. A good many illustrations are given of these bodies; but we do not notice that Dr. Mouat inclines to the theory that they have any but an accidental connexion with cholera. Something more definite is stated as regards Professor Pettenkofer's views; in fact, they are confirmed by certain observations recorded in the report. Dr. Fawcus prepared a chart, showing, for five years, the rise and fall of the tides, ascertained the varying level in the subsoil-water of the Alipore gaol, and, on comparison of these data with the occurrence of cholera, found that the rise and fall of the water was not connected with rainfall, but with that in the neighbouring canal, and that the epidemics of cholera occur contemporaneously with a low level of water, when this has recently been high, there being

apparently a like relation as regards minor changes in the level of the subsoil-water and the appearance of sporadic cases of disease.

Further, Dr. Cunningham furnishes similar evidence in support of Pettenkofer's theory from a detailed examination of the facts connected with an outbreak of cholera at Rajmehal. He found much fluctuation in the level of the subsoil-water; a low level coincident with an outbreak of disease; rapid spreading of cholera in a population living on a soil involving the presence of much organic matter, and permeable from the surface to the subsoil water; whilst in a population under similar circumstances, but living on an impermeable soil, the disease failed to obtain a footing. We have said enough to show that the report contains some very interesting matter worthy the attention of the sanitarian.

THE HOME OF THE GENERAL MEDICAL COUNCIL.

AT the last meeting of the Branch Council for England, it was resolved that steps should be taken to secure, if possible, more suitable head-quarters for the General Medical Council and its officers. Although the present Council receives but little sympathy from the profession, still, as any new legislation will probably continue some form of Council, it may not be out of place to point out how shabbily the representative body of the medical profession has hitherto been treated by successive Governments. All attempts up to the present time to obtain from Government proper apartments have failed, and the Council has had to pay out of its own funds, taken from the pockets of the profession, for the wretched offices in Soho-square, in which its officials have been hitherto located; and has had to throw itself upon the charity of the Colleges of Physicians and Surgeons for a room in which to hold its sessions. For the accommodation of one large room and two small ones on the first floor at 32, Soho-square, the Council pays the Dental Hospital the exorbitant sum of £120 per annum, and even then has not the entire use of the rooms, for once a month the large room is dismantled, and all office fittings cleared away, to allow of the meeting of the Odontological Society of Great Britain.

We need say nothing of the impropriety of the General Medical Council being placed in a secondary position, but we would point out the nastiness of the arrangement which requires a member of the medical profession, who is taking a necessary legal step, to pick his way over pavement spotted with evidences of recent tooth-extraction, which, notwithstanding a notice to the contrary in the hall, are so frequently displayed in the south-west corner of Soho-square. A more serious matter is that, when the Council meets, all the valuable documents of the office are necessarily transferred to Pall-mall, or Lincoln's-inn-fields, at some considerable risk of loss, and that during the session there is no one left at Soho-square to register applicants.

SYPHILIS OF THE NERVOUS SYSTEM.

WE have already referred to a paper in the November number of the *New York Medical Journal* upon Syphilitic Affections of the Nervous System. It has since been reprinted in a separate form, and we have received a copy. The subject being one of much importance, we may briefly touch upon some points of practical interest. It is tolerably well known that these affections may arise without any discoverable appreciable lesion. To explain these cases of paralysis *sine materiâ*, many theories have been put forward by pathologists more or less eminent. Dr. E. L. Keyes, the author of the paper to which we are now referring, states that the majority of the autopsies which have shown no lesion were made upon cases where the nervous symptoms appeared at an early period of the malady, although they also occur later. He conceives that the pathology of many cases of paralysis is most correctly accounted for upon the hypothesis of a cerebral congestion, partial or general, analogous to the congestions induced by the syphilitic manifestations on the skin, mucous membranes, conjunctiva, and the syphilitic congestion of the liver. In favour of the probability of congestion of the brain from the poison of syphilis, he cites, as an analogy, the effect of the gouty poison and of urea in the blood in producing a similar effect. In the diagnosis of hemiplegia depending on syphilis, he lays great stress upon a point which has been much overlooked—viz., the relative frequency of its occurrence without loss of consciousness, even when the attack is in other respects apoplectiform. The occurrence of headache, often severe, several weeks before the seizure, and the existence of mydriasis, occurring either in the eye of the affected side or in the other eye, with or without ptosis or paralysis of any of the muscles of the eye, and without any disease of that organ itself, are also dwelt upon. It is the rule for nervous symptoms to relapse, and to become progressively more severe, unless appropriate treatment is interposed. The only remedies of any real avail are mercury and iodide of potass, and the latter has proved itself the remedy *par excellence*, almost miraculous results being sometimes obtained by its administration, of which Dr. Keyes advises us to commence with a dose of twenty or thirty grains, every four or five hours, and pushed rapidly to toleration if necessary. If amendment does not speedily follow the administration of this remedy, mercury ought to be used; and the same may be said in chronic cases of nervous syphilis, when improvement has reached a certain stage, but then ceases to progress. Our readers may peruse for themselves the author's observations on other nervous disorders caused by syphilis, such as paraplegia, epilepsy, and mental affections.

MEDICAL SERVICE IN JAMAICA.

THE authorities of Jamaica are, it appears, anxious to secure the services of young English surgeons in what is termed the "Government Medical Service of Jamaica," and the following are, we understand, the prospects offered.

The colony is mapped out into about forty medical districts, of varying extent and population, to each of which is attached a Government medical officer. The public duties of this officer are—to attend the paupers in his district (whether in a poor-house or out-door), the members of the constabulary force (which is on the plan of the Irish constabulary), any prison there may be in the district, to act as adviser in questions of public health, and to vaccinate.

There are at present about eight vacancies in such districts. The salary for the public duties varies from £150 to £200 per annum (paid monthly), and in some districts additional Government pay is derivable from medical attendance on the East Indian coolies indentured to sugar estates. The pay in the majority of the districts is at the higher rate mentioned, £200 per annum. The value of private practice necessarily varies in the different districts. In some of them considerable incomes are to be made, and a good living in all. On the occurrence of vacancies in districts giving the larger incomes from private practice, removals to them from districts less remunerative in this respect will be made matters of promotion.

The Government will defray the expense of passage out, and of medicines supplied to public services; and, with a view to give gentlemen an insight into the diseases of the colony, will attach them, on first going out, to the

public hospital, either as resident medical officers at a salary of £250 per annum, with furnished quarters, or, if there be no vacancy, as supernumeraries, with an allowance at the rate of £200 per annum, until they may be qualified to act independently.

Any gentlemen who may be desirous of undertaking these duties are requested to place themselves in communication with the Secretary of State for the Colonies in Downing-street, who will give further particulars, and arrange the appointments.

REGULATIONS FOR THE MANAGEMENT OF POOR-LAW DISPENSARIES.

THE Poor-law Board have informed the Guardians of the Holborn Union that they contemplate issuing general regulations for the management of the dispensaries of the metropolis. It appears that the Holborn guardians, having been convinced of the inefficiency of the books and regulations now in force, have submitted others for the approval of the Poor-law Board, with the object of introducing them at the dispensary which is about to be opened in the parish of St. Luke's. Many of these new regulations are in opposition to those now in force; indeed it is proposed to do away with the complicated and cumbersome books now in use, and to substitute a modification of the forms sanctioned by the Irish Poor-law Board for the Irish dispensaries, together with some additions which, it is believed, would help to secure proper attendance upon the sick poor, and relief adequate to the exigencies of the case. The Holborn guardians seem anxious to begin well, and as the Poor-law Board refuse to sanction the alterations proposed, it is only right that they should lose no time in issuing their own views upon the subject. It would have been well if this had been done three years ago, for in that case the dispensary system in the metropolis would have been more uniform than is now possible. The Irish Poor-law Board did not take up three years in deliberation. They did not wait to gather up the experience of a dozen boards of guardians, not one of which possessed any special knowledge upon the subject. But they confided the whole matter to their medical commissioner, and gave him the support necessary to carry out his views. Unfortunately in England the medical adviser of the Poor-law Board possesses no such influence. Neither Dr. E. Smith nor the Medical Inspector of the Metropolitan District has, as yet, shown any aptitude for dealing with the questions of Poor-law medical reform; indeed it is a reflection on both that it should have been left to the Holborn guardians to draw up regulations which ought to have been issued by the Central Board long ago. It is, however, a triumph to have extracted an intention from Gwydyr House, and we shall await its promised development with great interest.

FROST-BITE.

To the credit of the East-end of London, we may record that the number of "Christmas cases" admitted into the London Hospital has been much smaller than usual. Accidents in connexion with the frost, chiefly fractures near the ankle, or fractures of the upper extremity, have, as we have already shown, been very numerous. But, apart from these, there has been, compared with past years, no great press of cases during the last three weeks. Erysipelas is unusually prevalent, and many severe cases have been admitted in which it has followed very trivial accidents. With one exception, we believe that no cases of frost-bite, or of other disease directly connected with the severe cold, have as yet occurred in the practice of this hospital. The exception to which we refer is the following, and it is satisfactory to know that it was not the result of destitution, or of unavoidable exposure.

A lad of fourteen was brought into the London Hospital on the 2nd inst., both of whose feet were acutely inflamed, greatly swollen, and covered with large vesications. The toes of the right foot were mottled and dusky, but quite warm; those of the left foot, although not quite cold, were almost so, and were shrivelled, and of an ashy-grey colour. This boy had long been unmanageable by his parents, and three days previously, fearing punishment, had concealed himself, and had remained undiscovered during two nights and a day. When found, on the morning of the second day, he was quite unable to move. The closet in which he had concealed himself was in a room without a fire. He alleged that he had been trying to get out, and could not. When found his feet were, according to his mother's statement, white, like tallow, up to his ankles. Such is the story told by his relatives, and corroborated by the lad himself. It is certain that all the toes of the left foot will be lost, and the probability is that those of the other will take the like course. How much of the feet may be involved it is as yet impossible to say.

SMALL-POX IN CABS.

POLICE-SERGEANT BRIDEN, detective of the K division, deserves the greatest praise for watching the movements of Edgar Mayne, affected with small-pox, in a cab, and the movements of the said cab, which after being discharged by the small-pox patient was placed on a rank, numerous fares being taken in it all over London. The vigilance of Sergeant Briden resulted in the procuring of evidence which enabled the magistrate of the Thames Police-court to fine Mayne 5s., and order him to pay £3, the expenses incurred in the disinfection and cleansing of the cab by the proprietor, who, it should be said, carefully took measures to disinfect the cab and withdrew it from use. A few days previously the cab-driver was fined 20s. for not disinfecting his cab immediately after he had received notice that he had carried a small-pox patient in it. There is no doubt that the driving of patients with infectious diseases in cabs is a very frequent practice, and a great means of propagating disease. Every detective and police-officer should have instructions to follow the example of Briden.

THE ARMY MEDICAL SERVICE OF THE UNITED STATES.

THE *Medical Gazette*, of New York, of the 24th Dec. last, has an article upon the United States Army Medical Department, which is very interesting at the present time. The service must be very popular with young American medical men, for we learn that the applications are ten times more numerous than the appointments to be filled up. It is quite otherwise with the navy, the medical service of which is in great disfavour. Our contemporary says that, although the remuneration of army medical officers is disproportionate to the emoluments of practitioners of similar attainments in civil life, their social relations with other officers are all that could be desired. They are permitted to control their special departments, and in all questions of hygiene, of hospital construction and quarantine, they are invariably consulted. The mean average strength for the fiscal year of the white and coloured troops is stated by the Surgeon-General as 32,429 men, with a ratio of 49 per 1000 constantly sick, and a death-rate of 12 per 1000 of mean strength. There was a relatively large mortality from wounds referable to the Indian hostilities. The high rate of mortality is largely due, however, to the bad quarters in barracks and hospitals assigned for the troops. It astonishes us to find, considering the example that America has set all other nations in the

matter of practical army hygiene, that in the forts of New York harbour soldiers are still stowed away in casemates, sleeping in double bunks, and in every way "consigned to conditions at variance with sanitary laws."

TREATMENT OF COMPLICATED FRACTURES BY THE AIR-CUSHION.

DR. MASON, of Long Island, calls attention, in the last part of the *New York Medical Journal*, to the advantages to be derived from the use of the air- or water-cushion, which, he believes, has not been hitherto utilised in the treatment of complicated fractures. The apparatus, as improved by him, is simple, consisting of a small air-pillow about two feet in length when inflated, rather more than a foot wide, and about eight inches in height. A flexible rubber tube, about two feet in length, inserted into the middle of the side of the cushion, serves to inflate it. A screw valve in the extremity of the tube regulates the supply of air. A piece of spongio-piline, or other suitable material, should be placed on the cushion, and over this a pillow-case to prevent the over-heating and vesication that might arise if the limb were allowed to rest directly upon a rubber surface, and to permit of exchange and removal when discharge occurs. The fractured bones having been placed in position on the partially inflated cushion, it is permitted to rise well up and over the sides of the limb, and firm splints of pasteboard or wood adapted to the outer surface of the cushion, the whole apparatus being retained in position by a roller. In cases where irrigation is required the cushion may be slung by means of three or four bandages to a frame placed over the limb. The plan seems well adapted for cases of fracture with severe contusion, and would prove a valuable addition to field ambulances.

SCOTCH HOSPITALS AND "HOSPITAL SUNDAY."

THE *Glasgow Daily Herald*, in an article commenting on the inadequate support of the infirmaries of Glasgow, suggests the plan of a "Hospital Sunday," which we have urged so strongly, and which is being adopted very successfully in the large towns of England. Of £18,000 requisite for the purposes of the Royal Infirmary, no less than about a third is raised by contributions of workmen.

The number of cases treated last year in the Royal Infirmary was 6247, at a cost of £3 0s. 3¼d. per case, and with a mortality of 8·64 per cent. This is the lowest mortality ever reached in the infirmary, and, considering the character and amount of the prevalent sickness of the last year, seems to be very creditable. In Edinburgh Infirmary the total number of cases treated was 4701, at a cost of £3 6s. 11½d. per case, and with a mortality of 10·16 per cent.

We should be very pleased to hear that the "Hospital Sunday" suggestion had been adopted both in Edinburgh and Glasgow. The result would be something splendid, that might provoke our large English communities to a noble competition. Our idea of a "Hospital Sunday" will not be complete till one Sunday is set apart throughout England, Scotland, and Ireland for this great Christian purpose.

HEALTH REPORT OF BOMBAY.

THE Health Officer's Report for Bombay for the third quarter of 1870 records the fact that there have been 153 deaths registered from cholera during that period. It will be remembered that Bombay, owing probably to the immense improvement as regards the water-supply, is no longer ravaged, as it once was, by epidemics of cholera. In connexion with the present outbreak (limited in extent), Dr. Hewlett relates the facts regarding the appearance of cholera in a very virulent form in some quarters of the city. The first of these, for instance, occurred in a neighbourhood called Moteesha's gully, where there is no drainage, and all the drinking water-supply is from surface wells. In all, 17 out of 61 residents, or nearly 28 per cent., fell victims to this disease in a few hours. Without entering upon the history of the other instances detailed, we may advert to the bearing of the following facts on the influence of foul drinking water, for which, indeed, we have mainly directed attention to this report. Before the first of the cholera outbreaks had occurred, sufficient rain had fallen all over the island to have thoroughly saturated the surface, and to have washed down into the wells any impurity that may have been on it. Now, specimens of the water taken from the wells existing in the infected localities were forwarded to the Government analyst, with the result of discovering the presence of a large amount of impurity in each case, affording abundant evidence of the water having been fouled by "previous sewage contamination." We agree with the Health Officer for Bombay in thinking it desirable that a systematic analysis of the well-water over the inhabited areas of the city should be undertaken, and that, at any rate, Dr. Hewlett should have the means for making an analysis of any specimen water to which a suspicion of impurity was attached. When will the water-supply of the population of India be derived from such sources, and conveyed in such channels, that its contamination by excrement shall be impossible?

SMALL-POX.

THE authorities of the *Dreadnought* Seamen's Hospital have given notice by advertisement in the *Shipping Gazette* that cases of small-pox are not received in their institution. This proceeding has, as we understand, been adopted because sailors are frequently sent to the hospital from other ports on the supposition that such cases are admissible. A notable case occurred some fortnight ago, a sailor having travelled from Newcastle to London by the night express, with the small-pox eruption thick upon him, because some one at the former place said that he would be taken in at Greenwich. We commend this matter to the attention of the authorities at Newcastle, as it is necessary for the safety of the inhabitants, as well as of the travelling public, that some sort of small-pox hospital should be provided, if no establishment of this kind as yet exists.

INQUESTS AT ST. PANCRAS WORKHOUSE.

THE Guardians of St. Pancras have a great objection to the holding of inquests on persons dying in the workhouse. Last week they passed a resolution that it was unnecessary to have an inquiry into the death of an old man named Michael Deedy, aged seventy-five, who died on the 31st ultimo without having been attended by the medical officer. It transpired that the aged poor of sixty, seventy, and even eighty years of age are kept without food from 5 o'clock in the afternoon till 8 o'clock next morning. There was no food in his stomach at the time of death, the night was very cold, and there was only one fire.

On Monday last, again, notice of inquest having been given as to the death of a man named John Tyrrell, who had been brought from Middlesex Hospital, the guardians assembled in great force with a shorthand writer, and with the object of proving that the inquest was unnecessary, when it transpired that the man had been put to bed in the sick ward, which was in charge of a stupid pauper nurse and of a night nurse who had to look after 160 patients,

and that the man was dying for more than an hour, and actually died without the medical officer being sent for. We should hope that, after this very clear evidence that the guardians do not sufficiently look after the treatment of the sick by their officers, we shall hear no more complaints against the coroner for holding inquests. With respect to the dietary of the aged poor there must be something radically wrong requiring the immediate attention of the Poor-law Board.

SMALL-POX IN LONDON.

THE deaths from small-pox registered in the metropolis last week amounted to 79, showing a diminution of 31 on the previous week's return. The Registrar-General, however, does not wish the public to lose sight of the fact that, notwithstanding this falling off, the fatality of the disease was quite as great last week as it was in any week during the epidemic of 1863. There is relatively little or no abatement of the small-pox mortality in the eastern districts, which contributed 36 out of the 79 fatal cases of last week. In Shoreditch and Bethnal-green the large number of deaths continues to attest the remarkable and exceptional virulence of the disease. A case reported by the registrar of the Mile-end Old Town eastern sub-district shows how great is the need for extremest vigilance on the part of individuals who may have occasion to change their residence in London at this juncture. A surgeon's daughter having died from small-pox, the registrar ascertained that the child had been vaccinated, but that the parents had recently moved from an adjoining parish into the house where the child died, in which house it appears there had lately been small-pox, and that it was learnt only too late that there had been no measures of disinfection adopted prior to the change of occupancy. Obviously there must have been grave neglect here on somebody's part, for we cannot suppose for a moment that a medical man would have disregarded so important a necessity as disinfection had he been aware of the fact of small-pox having recently been in the house he was about to occupy.

A SENSIBLE GIFT.

MR. THOMAS STILES, M.R.C.S., of Pinchbeck, Lincolnshire, may be congratulated on the sensible and substantial manner in which his friends and patients have manifested how greatly he is esteemed by them. An unbroken course of practice in a rural district, extending over the long period of forty-five years should, and we are happy to believe commonly does, create an almost patriarchal feeling between doctor and patients; and nothing can be more gratifying to the practitioner in his declining years than the spontaneous testimony, whatever form it may take, of those among whom he has laboured that his work has been appreciated. In Mr. Stiles's case, the comparatively large sum of £130 was raised with the utmost ease by the testimonial committee, the poor giving to the full as willingly as the rich; and the result was the purchase of a handsome close carriage for Mr. Stiles, and a valuable time-piece for Mrs. Stiles, both of which were presented by the vicar of the parish, at a public meeting for that purpose.

FEMALE MEDICAL STUDENTS.

THE votes taken at the meeting of the contributors to the Edinburgh Infirmary on the question of the admission of the female students have now been taxed, with the result of increasing the adverse majority from four to six. The figures stand thus: for the Lord Provost's motion, nominating managers in favour of the admission of female students to the wards of the Infirmary, 88; for Dr. Halliday Douglas's amendment, 94. The debate at the meeting in which Miss Jex Blake took so prominent a part has been transferred to the columns of the local press, where, we regret to say, the rival correspondents indulge in a licence of invective and imputation that is the reverse of seemly. Dr. Handyside, for example, is accused of taking double fees from the ladies attending his anatomical course at the same hour with the males—a charge which he meets with an indignant denial. It is much to be desired that the controversy should cease now that the exclusion of the ladies from the Royal Infirmary is definitively settled, and the only alternative open to them is the establishment of an infirmary of their own, large enough to accommodate a sufficient number of patients for study and qualification.

THE SURGICAL RECORDS OF THE LATE AMERICAN WAR.

IN regard to the medical and surgical history of the late war, the Surgeon-General says that the printing of the first volume is near completion; and he adds: The whole of the MS. for the surgical volume of the first part of the Medical and Surgical History of the War, authorised by the Act of Congress, approved March 3rd, 1869, is now prepared. The histories of typical cases (with illustrative woodcuts and lithographs), of 29,572 cases of amputations and 4775 excisions, are nearly perfected. The authentication of the just claims of applicants, under the Act of Congress authorising the issue of artificial limbs to mutilated soldiers and seamen, has brought large numbers of pensioners to Washington, and enabled the surgeons to study the remote effects of injuries and mutilations. The abstracts of cases are invariably traced to the date of publication. It would be difficult to over-estimate the value which the data of the late war have acquired in consequence of the measures taken to trace the ulterior results of the more important cases. In the reports of the surgery of European wars, and of the campaigns in India, Abyssinia, and elsewhere, the history of cases terminates when the men were invalided or discharged. All we can say is, the American Government and their medical service deserve infinite credit for their great undertaking, which, when completed, will prove a mine of information for medical officers everywhere, and a monument of labour and energy.

"HOSPITAL SUNDAY" AT LIVERPOOL.

AT length we are able to congratulate the inhabitants of Liverpool on the establishment of a genuine "Hospital Sunday" for that town. For the first time on Sunday last simultaneous collections were made in places of worship without distinction of creed for the benefit of the medical charities, and we learn that, although there were unavoidably some few exceptions, the great majority of the churches and chapels of the town co-operated in the good work. The aggregate amount of the collections has not yet reached us, and will probably not be ascertained for some days, but the *Albion* states that enough is known to warrant the belief "that through this systematic beneficence the institutions sought to be benefited will derive assistance far in excess of what has heretofore been contributed in a desultory fashion." The *Daily Post* says: "The trial was largely successful, and the yield was good; in some cases it was enormous." We hope that the result will be in proportion to the size and wealth of Liverpool, not only for the sake of the medical charities there, some of which (the Northern Hospital for example) are in great need of support, but because it will help to stimulate other towns which are backward in adopting the movement. The Mayor of

Liverpool, as the representative of the Corporation, lent his countenance and support on Sunday last by attending officially at the parish church of St. Nicholas, thereby investing the inaugural proceedings with all the outward and visible signs of a public undertaking.

THE ACTION OF QUININE ON THE TEMPERATURE OF THE BODY IN DISEASE.

THE *Indian Medical Gazette* for Dec. 1st ult. contains a short paper by Assistant-surgeon Dr. Hamilton, of the Royal Artillery, on this subject. It appears, as the result of his experiments on an officer, aged forty, of spare habit of body and nervous temperament, who was the subject of ague, that quinine administered in ten- and five-grain doses had the effect of averting the paroxysms, and of reducing the temperature about 3° as determined by one of Cassella's most delicate registering instruments. It had been previously suggested by Assistant-surgeon Hall, also of the Royal Artillery, that quinine should be administered internally and hypodermically in cases of insolation; and, if we remember aright, some cases illustrative of the apparent benefit of quinine were published by him. If it be proved that this alkaloid has this property of reducing the temperature, its effect in such cases where the blood becomes super-heated may, as Dr. Hamilton points out, be explained.

THE NAVY.

A NEW flying squadron, under the command of Rear-Admiral Beauchamp Seymour, C.B., took its departure from British shores last week, and it is intended that the ships shall visit the West Indies, as well as other of our colonial possessions. In the absence of any definite instructions from the Admiralty, we would urge upon all medical officers on duty in the squadron to keep special records as to the health of the crews on board their respective vessels, having particular reference to climatic changes and scales of diet. The medical and hygienic aspect of this cruise would form a valuable addition to the appendices usually included in the "Health of the Navy" blue-book.

MINISTERIAL CHANGES.

IT is a matter of regret that Mr. Shaw Lefevre has resigned the secretaryship of the Board of Trade in favour of the Home Department. The ability and energy of this gentleman have been prominently displayed in the conduct of the marine department, and his assistance would have been eminently useful to the new President, who cannot be supposed to know very much of matters nautical. It is feared that under present circumstances there can be no hope of a Merchant Shipping Bill next session, and that the sanitary reform still required in our mercantile marine will loom in the distant future for some time to come.

REVACCINATION IN HOLBORN.

THE Holborn Guardians, on the motion of Dr. Stallard, have directed the public vaccinators to pay special attention to revaccination, particularly in houses and localities in which small-pox has appeared. This is an important practical suggestion. We believe that it will be found impossible to stamp out small-pox without the general revaccination of persons of proper age.

A WELL-KNOWN BONE-SETTER.

WE notice the death, on the 6th inst., at Watford, of Richard Hutton, who has been well known, both in London and its neighbourhood, for some years as a successful "bone-setter." Successful he certainly was, and it were folly to deny it, in some cases which had baffled the skill of the best surgeons; but his failures were many, though these of course were little heard of. Following the general practice of "bone-setters," he diagnosed a dislocation, or several dislocations, in every case in which he was consulted; and when, fortunately, the case was one of chronic thickening about a joint, with possibly partial anchylosis or adhesion of tendons, the greatest success undoubtedly attended his rough manipulations in many instances. Every now and then Hutton got into difficulties by attacking an acutely inflamed joint, or by lighting up mischief in an old case; but, as a rule, he was too cautious thus to be caught out. We have seen some of his successes, and many of his failures, and the redeeming feature about him was, that though an empiric, he was not an extortionate one, and in many cases refused remuneration altogether.

SMALL-POX IN A RESTAURANT.

ANOTHER case of small-pox has been reported in a City restaurant, at which some 300 or 400 gentlemen dine daily. In this case it is the proprietor who is the patient. The guardians of the City have established a small-pox hospital, and are making inquiries into the state of vaccination in the district. In his last Report to the Commissioners of Sewers, Dr. Letheby complains that the number of public vaccinators authorised by the Privy Council—namely, two—is altogether inadequate; and that, if the spread of small-pox is to be checked, more officers will have to be appointed.

QUARANTINE.

THE quarantine notices issued by the Board of Trade show that cholera has disappeared from the province of Bagdad, and the ports of Spain are declared to be free from yellow fever. These notices are useful only as affecting international commerce, and it is greatly to be regretted that some more accurate records are not forwarded as to the presence of infectious diseases in the Mediterranean. The system of quarantine, as carried on in Turkey and other countries, is still so lax as to form only an obstruction to commerce, without affording at the same time any safeguard to the public health.

APOTHECARY-GENERAL FOR IRELAND.

IN consequence of the widespread dissatisfaction relative to this appointment, expressed by a large majority of the unions throughout Ireland (of the 163 unions but three having accepted the proposal of the commissioners), and the refusal of several to take any part in the appointment of such an official, the Poor-law Commissioners have notified to the guardians of the Dublin unions that for the present they do not propose to enforce the election of an Apothecary-General, at the same time regretting that so much opposition had been offered to the proposed appointment.

SMALL-POX IN BELFAST.

FROM a circular lately issued by the Poor-law Commissioners of Ireland relative to the spread of small-pox in Belfast, we find that 79 cases have occurred there, resulting in 9 deaths since March, 1870. The commissioners point out to the guardians of the Belfast Union that, when the disease has been imported into other parts of Ireland, it has either not spread or quickly died out, and that its breaking out into an epidemic at Belfast is probably owing to two causes—namely, the dangerous sanitary condition of parts of the town, and the very defective state of the vaccination.

WE are glad to see that Dr. Acland, F.R.S. & LL.D., recently delivered a capital lecture in the Town Hall of Oxford, to the working classes, at the special request of a number of them, on hospitals and their management. The lecturer treated his subject in a popular and practical manner, and in the course of two hours managed to convey a large amount of very useful information on hospitals, their organisation and administration, as well as upon sanitary matters generally.

AMONG other interesting matter, our able contemporary the *Practitioner* contains articles on the "Himalayas as a Health-resort"; Mr. Spencer Watson on the "Causes of Failure in the Operation for Internal Squint"; Dr. Goodhart's researches on "Nitrite of Amyl"; and Mr. John Wood on a "New Mode of employing Carbolic Acid" (carbolised atmosphere).

THE Dublin Police Magistrates have done what their London brethren might easily have occasion to do—they have fined a number of dealers in heavy sums for selling "poisoned confectionery." The articles were adulterated with chromate of lead and pipe-clay.

THE mortality in the twenty largest cities and towns of the kingdom was last week at the annual rate of 33 deaths per 1000 living—all the towns, excepting Portsmouth, Hull, and Sunderland, exhibiting very high death-rates.

WE are glad to observe that the Guardians of Islington have rescinded the motion which would have removed Dr. Ede from the post which he has occupied for so many years, with satisfaction to the sick poor and the public.

THE Registrar-General records, in his last Weekly Return, the death of a domestic servant, aged twenty years, from "congestion of brain and liver, accelerated by tight-lacing."

SCARLATINA is, we regret to state, very prevalent at Nenagh, in Ireland; and a considerable number of deaths have taken place from a very bad type of this malignant affection.

PROFESSOR HELMHOLTZ has just obtained the Professor's Chair formerly occupied, at Berlin, by Dr. Magnus.

THE Hunterian Oration will be delivered on the 14th of February by Sir William Fergusson, Bart.

THE WAR.

THE SUPPLIES OF PARIS.

Considering the short interval which the authorities had at their disposal, they certainly appear to have made a tremendous effort in getting in their supplies for maintaining life in the 2,000,000 inhabitants of Paris. The great difficulty appears to have arisen from the choked state of the lines of railway caused by the enormous quantity of goods that had to be forwarded to the capital. It is more than probable that there has been a good deal of exaggeration as to the number of dogs, cats, rats, and mice that have been consumed. For some time past, according to the correspondent of the *Pall Mall Gazette*, the cats have been gradually disappearing from the streets. He recalls the old joke about the Parisian who mistook the cat's meat sold on sticks for "bifsteaks," and expressed his disapproval of English taste and *cuisine*, and wonders what the veritable meat of cat can taste like. The horses, it is said, are now being slaughtered in large numbers in order to save the oats, which will soon form the staple article of food. The horse-meat is of course being salted down. The sufferings of the people must be much augmented by the limited supplies of fuel and the absence of gas. Timber is being cut down in all directions. For the fourth time within the recollection of history the wood of Vincennes is being cut down for firewood; the Bois de Boulogne, or what remains of it, is sharing the same fate, as well as the trees which grace the avenues and boulevards. After all, it is questionable whether the poor are suffering to the same extent as the very numerous class of "genteel poor" to be found in all large cities, or the starving peasantry outside Paris, whose villages have been utterly destroyed, and who are wandering about almost without shelter or clothing to protect their persons from the biting cold.

THE DEATH-RATE OF PARIS.

THE diminished supply of food, and that of bad quality, and still more, perhaps, the inadequate amount of fuel during a winter of almost unexampled severity, have told terribly upon the Parisians. According to a letter dated the 5th inst. in the *Daily News*, the mortality for the week ending Dec. 31st was 4000, or in the ratio of 10 per cent. per annum. There was an increase of 550 deaths over the lists of the two previous weeks. The mortality from small-pox was 454, that from typhoid fever was 250, and 459 from bronchitis and pneumonia. The sufferings courageously endured by the people have been very great, and they have moved the pity of all, and something like admiration even from their invaders.

THE PARIS HOSPITALS.

We know nothing definite about the mortality of the sick and wounded in the Paris hospitals; but it is, on all hands, allowed to be high. Pyæmia, gangrene, osteo-myelitis, and unhealthy inflammations have been very prevalent. There have large number of cases of frostbite, many of which have been a proved fatal; and, by the latest accounts, the results obtained at the American Ambulance Hospital have not been quite so favourable as formerly, owing, it is thought, to the influence of the very low temperature. The mortality has been very great among the wounded at the International Society's Central Ambulance in the Grand Hotel. Constant collections are being made for them by ladies and others; and conferences have been held for their benefit at the Hôtel du Louvre, the Conservatoire, and other places. The use of large buildings and private houses, not specially designed for hospitals, has been attended with disastrous results to the wounded. These have done well, however, in the huts and tents; and so long as fuel was obtainable there was no difficulty in maintaining a good temperature inside the former.

A LARGE ORDER.

Apropos of the number of firearms said to be forwarded by "perfidious Albion" to the seat of war, we may advert to the supply of quinine for the sick and wounded sent from this country. Messrs. Cox, Son, and Co., of Brighton, recently received a telegram from a West-end firm to know whether they could undertake to supply a million quinine pills within a fortnight. The whole of the pills were made up by them in eight days. As each pill contained a grain and a half of quinine, the market value of which is 6s. per ounce, nearly £1000 worth of the alkaloid was used.

THE IRISH AMBULANCE.

This ambulance, which has its head-quarters at Chateaudun, is at present, we understand, suffering from small-pox and other affections, which have been very rife, more especially among the junior medical staff. Scarcely one of the latter has escaped confinement in bed, suffering from some

illness or another, principally arising from cold. At present all in connexion with the ambulance are strict prisoners within the Prussian lines.

THE USE OF TOBACCO.

We have before directed attention to the use of tobacco by the wounded. Most soldiers, whatever their nationality, are smokers; but the German and French almost universally manifest a craving for tobacco. The first thing that the Prussian soldier does on capturing a town or village, as we all know, is to "forage out" tobacco; and the French prisoners who suffered so terribly with the cold had, in some cases, parted with their overcoats in order to purchase tobacco. Setting aside the influence of habit, and the soothing effect of tobacco, there can be little doubt that its use tends greatly to diminish the cravings of hunger, and better enables men to sustain fatigue.

DUTCH AMBULANCE.

Some statements having appeared to the effect that the Prussians had ordered the evacuation of the Dutch Ambulance, which arrived at Versailles before the French were expelled, Mr. C. W. M. Van der Velde, the Oriental traveller in charge of the ambulance, has corrected several of the misstatements regarding the Prussians. The ambulance with the French wounded has been installed in a wing of the château. The Prussian medical men, as in the case of the English ambulance, claimed entire control of it, to which the Dutch officers submitted. The Dutch have been officially thanked for their services. We have, on more than one occasion, borne testimony to the admirable arrangements, good surgery, and hard work of the Dutch surgeons during this war.

THE FRENCH PRISONERS.

The special correspondent of *The Times* gives a terrible account of the condition of the prisoners he saw on their way from Frankfort to Stettin. There were about 1500 of them in open railway trucks. The cold soon after they had left Frankfort became suddenly very severe. The men were scantily clad: some without great coats, and others with cotton socks and wooden shoes or naked feet. So intense was the cold that they were, in many instances, frozen to the boards of the trucks in their own filth, and one was frozen to death. They were distributed in the railway station and barracks (about twenty being sent to the Lazaretto), and supplied with hot drinks, food, and raiment.

THE ENGLISH ARMY SURGEONS.

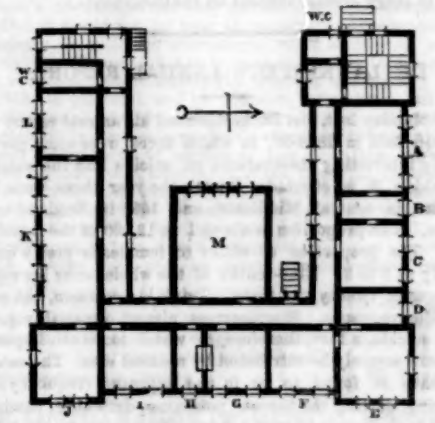
We gather from a correspondent of the *Daily Telegraph*, writing from inside Paris, that Deputy Inspector-General Gordon is not only noting everything likely to prove useful to our own Government, but that he has been very active in the services he has rendered to the wounded and to the International Aid Society. Dr. Gordon has considerable administrative experience, energy of character, and plenty of sanitary knowledge of the practical kind, so that his opinion can scarcely fail to carry some weight. Official reports have been received and published by the London Committee of the English Aid Society from Deputy Inspector-General Guy, Surgeon Manley, and others, who are at present in the field with the German or French forces.

TOWARDS THE END.

Paris is at last being bombarded in earnest. Thousands of balls and shells have been thrown into the city. Many of the churches and public buildings have been struck; fires have broken out in places, and several of the inhabitants, including women and children, have been injured. Some of the hospitals have been struck; the wounded from one ward in the Hospice de la Pitié had to be removed to the cellars, and the Val de Grâce has also been bombarded.

THE PHYSIOLOGICAL LABORATORY AT LEIPZIG.

AN interesting account of the Physiological Laboratory at Leipzig is given in the last part of our contemporary *Nature*, the editor of which we have to thank for obligingly lending us the accompanying ground-plan. The description of the laboratory, which we have here condensed, has been forwarded by Mr. Bowditch, who is at present working in it. The building owes its existence to the energy of Prof. Carl Ludwig and to the liberality of the Government of Saxony. It is of the shape of the letter E: the small projection in the centre being the lecture-room; the north and south sides having a length of 119 feet, and the east side of 122 feet. The right wing of the building constitutes the microscopical department, the left the chemical department of the laboratory; while the central portion is devoted to



the study of experimental physiology in the narrower sense of the word. Thus the room A is arranged for the accommodation of beginners in the study of microscopy, with every requisite. Room B is the private study of the assistant in microscopy. Room C is intended for more advanced students in microscopy; and contains an injecting apparatus, by means of which three different fluids can be injected simultaneously under any required pressure and for any length of time, while the injection-mass and the tissue to be injected are heated over a warm bath. Room D contains a small library, consisting of such books as are most needed for reference. Room E is furnished with glass cases, in which physiological apparatus is kept when not in use. As a rule, no experiments are performed in this room. Rooms F, G, and H are devoted to experimental physiology, and are furnished with operating tables, with bellows attached for keeping up respiration in curarized animals, registering apparatus of various sorts for recording the pressure of the blood, water-baths, an injecting apparatus, evaporating closets, &c. Between rooms G and H is a small closet arranged for observations with the spectroscope. Room I is the chamber where all experiments are performed requiring the use of large quantities of quicksilver. It contains the quicksilver pumps for extracting gases from fluids, and instruments for measuring the activity of the respiration in man and the lower animals. Room J is divided into two portions, one of which is used for a weighing-room, and the other for experiments in acoustics. Rooms K and L contain, besides the ordinary furniture of chemical laboratories, the ingenious air-pump of Bunsen, by which the process of filtering is so greatly accelerated. The lecture-room M presents every accommodation for 100 students. In the basement of the building is a small gas engine of about one horse-power, which drives the respiration apparatus, registering instruments, &c. In the basement are also the rooms where the animals are kept (one room being entirely devoted to frogs); a chamber with refrigerators and another with furnaces. The second story of the

building is occupied by Professor Ludwig and his family and the resident assistants. In the court-yard are the necessary arrangements for experimenting on horses and other large animals, an aviary, and a fish-pond. The laboratory is kept well supplied with new instruments for special research, and a skilful mechanic lives on the premises.

The number of pupils is nine at present, and each undertakes, under the direction of Ludwig, a series of experiments, with the view of settling some special poin in physiology, the results being annually published in a report from which we have frequently quoted. All expenses, down to the frogs, are borne by the Saxon Government. Surely this is very creditable to that little State, and we warmly recommend this establishment to the University of Cambridge as a model on which they may construct, with what improvements their able and newly appointed Professor can suggest, the buildings it will be absolutely necessary to raise, if physiological science is ever to be taught with the same advantages as those which are so readily accessible to every earnest student on the Continent.

DR. LANKESTER'S ANNUAL REPORT.

ON Monday last, Dr. Lankester read his annual report of inquests held in 1868-69, in which there were some particularly interesting observations on suicide and the means by which it is effected. During the year there were 75 suicides in central Middlesex, and 1552 in England and Wales. The proportion is about 1 in 12,000 of the population. The proportion of males to females is pretty constantly as 5 to 2. Nine-tenths of the whole occur between the ages of twenty and forty. Drink is a common, but not an exclusive, cause. Sleeplessness almost invariably precedes suicide, a fact, therefore, to which too much importance can scarcely be attributed by medical men. The mode of death is found to be in the following frequency:—Hanging, cutting the throat, poisoning, drowning, casting out of high places, and pistol-shot. Women prefer to take poison or drown themselves. They rarely cut their throats or hang themselves. It is men who jump out of windows or from high places. Considerable change has taken place in the selection of poisons. That most frequently used during the last seven years is cyanide of potassium. It is purchased without difficulty. It is used in enormous quantities by photographers, and its action is most deadly. The next most frequent agent is oxalic acid, which is employed by shoemakers, saddlers, and harness-makers. The use of opium for purposes of suicide is on the decline, owing to the difficulty of obtaining a sufficient quantity. It is used by druggists, medical men, and members of their families. The same remark applies to the employment of hydrocyanic acid. Poisoning by oil of bitter almonds comes next. It is used by cooks, servants, confectioners, and courtesans. It is rarely, if ever, the cause of accidental poisoning. Sulphuric and hydrochloric acids are employed by metal-workers and brass-finishers. Vermin powder and the various preparations of strychnine stand lowest in the list, only two cases of poisoning by these agents having been recorded during the last seven years.

Dr. Lankester offered some important suggestions for improving the returns made by coroners to the Home Office. He is anxious to have more correct information as to the wilful murder of young infants, as to deaths caused by excessive drinking, and the very indefinite verdict of "found dead." He drew attention to the fact that a very large number of the deaths recorded by him are the result of ignorance. The whole of the suffocated infants die from the ignorance of mothers and nurses, and many other deaths are caused by ignorance and indifference as regards the administration of suitable food; and he implores the members of the London School Board to consider the absolute necessity of teaching all children so much of the nature of the human body and its functions as shall prevent the fearful destruction of life which now goes on as the consequence of ignorance.

MEDICAL OFFICERS TO FRIENDLY SOCIETIES AND THEIR REMUNERATION.

IN compliance with a suggestion contained in a letter published in THE LANCET, an important conference between the medical men of Stafford and the neighbourhood and the representatives of the various local societies in connexion with the Manchester Unity of Odd Fellows was held at the Swan Hotel, Stafford, on Tuesday afternoon, to discuss the subject of the scale of remuneration which ought to be paid by friendly societies to their medical officers. The Earl of Lichfield, Lord-Lieutenant of the county, presided, and among those present were Dr. E. T. Tylecote, Dr. J. H. Tylecote, Mr. Lomax, M.R.C.S., Mr. Weston, M.R.C.S., Dr. Tibbits (Rugeley), Mr. J. T. Cox, Mr. T. Masters, and several other representatives of friendly societies.

The noble Chairman, in an impartial opening address, alluded to the great importance of the subject, and pointed out that the great increase in the cost of living, horse-keep, and other expenses, which pressed heavily upon medical men, rendered it highly necessary that their charges should be revised. This was a matter which could be easily settled. The great difficulty with which medical officers to friendly societies had to deal was the fact that many persons who were in a higher position of life than the mechanic or labourer, and who could well afford to pay a private medical attendant, were members of these societies, and claimed their services. His lordship showed that Parliament, in giving friendly societies so many privileges and exemptions, intended that they should be composed almost entirely of the classes of labourers, artisans, and small shopkeepers, and that it was unfair to a medical man that a wealthy farmer, who might otherwise pay him several pounds a year for medical attendance, should claim his services for a few shillings, owing to the fact of his being a member of some friendly society.

Dr. E. T. Tylecote read an able paper, in which on behalf of the medical officers of clubs, he complained—first, of their inadequate remuneration, which he showed, from his own and his brother's extensive experience, was in many cases only 1*s.* 0½*d.*, 8½*d.*, 7½*d.*, and 9½*d.* for each attendance; secondly, of the class of persons admitted into clubs for medical attendance, comprising, in many cases, well-to-do tradesmen, innkeepers, and farmers. Coming to the remedy for the evils mentioned, Dr. Tylecote proposed that clubs should be asked to raise their terms to a more remunerative sum, and that well-to-do members should not claim medical attendance on the same terms as ordinary members. He produced a document signed by nearly all the medical gentlemen at Stafford, Rugeley, Stone, and the neighbourhood, thirty-one in number, pledging themselves—1st. Not, under any circumstances, to accept any club appointment at lower terms than 4*s.* per member per annum, and to use their best efforts to induce all clubs at present paying a less sum to raise their terms to that amount. 2nd. Not to attend as a club patient any person who is in a position to be able to employ a private medical attendant. 3rd. To refuse to accept the appointment of surgeon to any lodge where a dispute had arisen with the medical attendant in consequence of his attempting to carry out these resolutions. A note recommended that all clubs should be prevailed upon to insist on each candidate for admission into a sick club paying 2*s.* 6*d.* to the surgeon for examination, whether passed or rejected.

After a long discussion, in the course of which Mr. Cox and Mr. Masters pointed out that none of the societies alluded to by Dr. Tylecote were connected with the Manchester Unity, it was unanimously resolved, on the motion of Mr. Allen (Friendly Society's representative), that the remuneration of surgeons ought not to be less in any case than 4*s.* per member per annum. A committee was also appointed to take into consideration the objections urged by the members of the medical profession to being called upon to attend, as club patients, persons in such a position as to be able to afford to employ a private medical attendant, and also to consider the suggestion for the payment of a fee to the surgeon for examination previous to admission.

Correspondence.

"Audi alteram partem."

THE TEACHING OF PHYSIOLOGY.

To the Editor of THE LANCET.

SIR,—Perhaps a word from a teacher upon the teaching of physiology may not be considered out of place at the present moment.

Amongst the last-issued regulations of the College of Surgeons, besides attendance upon a course of lectures, such as has been heretofore given on general anatomy and physiology during one winter session, the candidate for examination is required to have attended "a practical course of general anatomy and physiology during another winter or summer session, consisting of not less than thirty meetings of the class." Under the form of explanatory note, it is stated that by the practical course referred to "it is meant that the learners themselves shall individually be engaged in the necessary experiments, manipulations, &c.

It is not necessary to look back far to find that physiology has been undergoing a rapid growth in importance as a branch of medical education. Some twenty-five years ago only, it was not deemed requisite that it should be given as a special course. Physiology, or what was taught of it, was then tacked on to another subject. Amongst the courses enumerated in a school prospectus, for instance, might be found one on "anatomy, descriptive, surgical, and physiological," and no thing more relating to physiology. Subsequently, the teaching of physiology was enforced as an independent branch of science, and now practical instruction is demanded in addition to the ordinary lecturer's course. That the student should obtain a good serviceable knowledge of physiology at the outset of his studentship career I consider of the greatest importance, because it forms a necessary foundation for the acquirement of a knowledge of disease; and, proceeding in compliance with the "College" regulations, the following, based upon fifteen years' experience in teaching the subject, is my opinion of what will constitute the best plan for attaining the object desired.

The course of lectures I consider should be given with experimental illustrations. Physiology is as much a science requiring the aid of experimental illustration in teaching it as chemistry or natural philosophy. Many of the experiments involve only the application of chemistry or physics, but with anæsthetics like chloroform, puff-ball, &c., at our disposal, the introduction of experiments upon the living animal is also practicable. I believe that no approach to anything like the commission of cruelty would be tolerated by a class of medical students for the sake of their instruction, even if attempted by the teacher; but, thanks to the progress of knowledge, there are experiments upon the living animal that can now be performed as a means of instruction without risk of giving offence to the feelings of any well-constituted mind. A course of lectures undertaken in such a manner necessitates the provision of a suitable laboratory and assistance to enable it to be properly carried out.

With respect to the practical course in which the students themselves are to be engaged in manipulating, I cannot think that it has been contemplated by the authorities of the College of Surgeons to set men to work at performing actual physiological experiments. If such were attempted, I am persuaded it would prove not only a failure, but even an abuse. The generality of experiments require a considerable amount of time, patience, and skill to be bestowed upon them to produce a successful result. Taxed as he is with the number of subjects he has to learn, it is beyond the power of the medical student to give himself up sufficiently to physiology to acquire the requisite dexterity for performing physiological experiments in a manner to derive any benefit from them. He may, however, with great advantage see the experiments performed, and this opportunity, as I have already said, should be afforded him in the course of lectures he has to attend.

The microscopic examination of the fluids and textures, with and without the co-operation of influencing agents, forms, on the other hand, practical work in connexion with physiology upon which the time of the student can with much advantage be bestowed. This is work the performance of which has been felt to be wanted, and has been already for some time past carried out at some of the medical schools. It is the kind of work which I consider the practical course of the College will be found to be susceptible of principally resolving itself into; and if so, the new regulations of the College will amount to this—that what has hitherto been voluntarily undertaken by a few is, in future, to be compulsorily carried out by all. I believe the time is not far distant when pathology will be deemed to require the same kind of step that has now been taken for physiology.

Chemical manipulations with some of the fluids may also be advantageously brought in. There is some amount of practical work of this kind which unquestionably ought, in some way or other, to be undertaken. Looking to the student's advantage, the only question for consideration is whether it would fall in best in connexion with practical chemistry or with the microscopic work associated with physiology. There is this to be said, that taken in conjunction with practical chemistry the student has already his test tube in his hand, and his reagents before him; but, on the other hand, the physiologist is in a better position than the chemist to direct the student's attention to that which is most likely to be of service to him hereafter. In Dr. Odling's guide book, however, for the practical chemistry course, I notice that this subject is embraced, and, therefore, take it that these chemical manipulations have been already considered as forming a part of the practical chemistry course. It is, I would suggest, an open question which course they can be most advantageously comprised in.

The interest to the profession of all matters connected with medical education must form my excuse for seeking permission to occupy your space with this letter.

I remain, Sir, yours obediently,

Grosvenor-street, Dec. 24th, 1870. F. W. PAVY.

THE AMALGAMATION OF MEDICAL SCHOOLS.

To the Editor of THE LANCET.

SIR,—The article in last week's LANCET on "the Amalgamation of Medical Schools" appears to me calculated to convey so erroneous an impression of the position of the Middlesex Hospital Medical College with respect to the suggested amalgamation, that I venture to trouble you with an explanation of the real state of the case, so far as the Middlesex Hospital is concerned, and trust to your well-known fairness and courtesy for its insertion in your forthcoming number.

No active steps are being taken, or have at any time been taken, by the Middlesex Hospital Staff or Medical School towards amalgamation with either of the other medical schools named in your article, neither are there any negotiations now on foot to bring about that object. In fact, the question of amalgamation with any other medical school has never, since I have been a member of the staff, been mentioned at any meeting of the authorities, lay or medical, of the Middlesex Hospital.

It is true, indeed, that about eighteen months ago certain members of the Middlesex Hospital staff, of whom I was one, were invited privately as individuals, but in no way as representatives of our school, to meet certain of the medical Professors of University College, in order to discuss the possibility of drawing up a scheme for amalgamation. At the close of the deliberations we stated our readiness to consider any scheme for amalgamation which might be proposed by the authorities of University College, and, if we approved of it, to submit it to our colleagues, and ultimately to the lay authorities of the hospital. From that time, however, up to the present moment, we have received no further communication on the subject.

I can readily believe that, especially in view of the recent regulations of the College of Surgeons, the means of securing a much wider field of hospital practice must be a question engaging the anxious attention of the medical

committee of University College Hospital; but I cannot help thinking that your informant has been premature in confiding to you the fact, as he has certainly been mistaken in supposing that any negotiations have as yet been opened with the medical committee of the Middlesex Hospital towards the accomplishment of the union said to be projected.

I may further say that, on the part of the Middlesex Hospital and Medical College, there is no desire to enter upon any such negotiations, unless it be clearly established that the solution of the great medical question of the day—viz., the improvement of medical education generally,—rather than the improvement of the position of any individual medical school, is to be the real object of the suggested amalgamation.

I am, Sir, your obedient servant,

(Signed) E. HEADLAM GREENHOW, M.D.,
Treasurer to the Middlesex Hospital Medical College.

Upper Berkeley-street, Jan. 9th, 1871.

*** The remarks we made, Dr. Greenhow will forgive us for saying, are not open in any way to the interpretation which he gives them. They merely intimate, beyond what has been done or said before, the appointment of a special committee at one of our schools to consider the question of the amalgamation of that with two other schools. We correctly stated that, a year or two since, communications on the subject "had passed between members of the respective staffs of University College and Middlesex Hospital Schools with a view to their union"; that the project of amalgamation "had been resuscitated," and that a "sub-committee had been appointed at University College to draw up a definite scheme to be submitted to the staff for their approval in the first instance." Dr. Greenhow tells us "that our informant has been premature in confiding to us the fact, as he has certainly been mistaken in supposing that any negotiations have, as yet, been opened with the Medical Committee of Middlesex Hospital." Our informant did nothing of the kind. The rest of our article was devoted to a reiteration of "the main points upon which it would appear a general agreement exists." These were referred to in THE LANCET of Oct. 15th, and have been in part ventilated at the Medical Teachers' Association, and on other occasions. We entirely join with Dr. Greenhow in the hope that, if amalgamation take place, it may be effected solely with the object of improving medical education generally—a feeling which, we believe, actuates all who are interested in the question.—ED. L.

THE BRITISH MEDICAL ASSOCIATION AND THE MEDICAL BILL.

To the Editor of THE LANCET.

SIR,—As a member of the British Medical Association, I take this opportunity of protesting against the attempt now being made by the Reform Committee of that body to mutilate the scheme of medical reform which the profession at large unquestionably desires.

The proposal to allow the medical corporations and universities to hold, by their representatives, one-half of the seats in the General Medical Council, is equivalent to nothing more nor less than a compromise by which medical reform would be *burked*.

I cannot believe that the profession desires anything of the sort; rather, I imagine that a large majority of practitioners are in favour of still further extending the principle of THE LANCET Medical Bill, by striking off all representatives of corporations from the Council, leaving it to be composed of eight direct representatives of the profession and four nominees of the Crown. There is, in fact, no logical justification whatever for the presence in the Council of representatives of the very bodies whose conduct the Council is especially intended to criticise and bring under discipline.

I am, Sir, your obedient servant,

Wimpole-street, Jan. 12th, 1871. FRANCIS E. ANSTIE.

NAVAL PROMOTIONS.

To the Editor of THE LANCET.

SIR,—I think your correspondent "A Staff Surgeon" is scarcely justified in imputing dishonesty to another because the same objects, viewed from different stand-points, appear to them in different lights. He looks up at them from the olive and myrtle groves by Ilyssus, while I regard them from the hill of Mars.

The question is purely of a service nature, and, although we differ on it, I give him all credit for honesty of purpose, and would expect from him a like consideration. I entertain the highest regard for the officers referred to, and can believe they would have merited their promotion in the course of regular service had the navy been as fair a field for it as the army; but as ours is so contracted, every promotion out of that track is the more exposed to criticism.

Since he has challenged, I do not hesitate to assert that appointments under the Contagious Diseases Act are essentially of a civilian, and not of a military character, and that they have their special rewards in extra pay and superior home comforts. I may affirm also, contrary although it may be to his ideas, that the opinion of the active service would be strongly in favour of the field of Mars, and the wards of hospitals being the proper training-grounds for a military medical service, not, however, to the exclusion of meritorious services in epidemics, or of shining professional talent; and I think there would be almost unanimity of opinion that these should constitute the broadway of promotion and of honourable distinction in the Royal Navy.

It is said that in this instance the appointment was accepted under a condition that *it should not be prejudicial to promotion*. We are indeed fortunate to have arrived at a time when such tacit bonds are so speedily quitted, as we can all point to one among our respected seniors who won laurels and spurs in the Crimea and in China, and who is still in the position of surgeon of Marines, accepted by him ten years ago, under similar conditions. Although senior to the lately promoted officer, he will in all probability retire in a junior capacity.

We all ask, Why should military services depreciate by standing, until they become subordinate to those of civilian life? This case is not solitary, although paramount; and those whose war services may have extended from the Baltic to New Zealand, or from Kaffirland to Japan, can look forward only to the same oblivion.

The *sang-froid* with which "A Staff Surgeon" undervalues services in the field and in hospitals suggests that he may be *bien distingué* by their absence; but it is akin to the valour with which an officer of an untried regiment in country quarters jests, before the sex, at the tattered colours of a veteran corps with no space for further blazonry of victories.

In my Latin quotations I have stayed within the comprehension of youths, as it is well they should understand how things are among us. Your correspondent acknowledges their force, which is best concealed under the phrases of a dead language. And in parting I would say, "Non cuivis homini contingit adire Corinthum," which he will take in its proverbial sense.

I remain, Sir, your obliged reader,

Jan. 9th, 1871. CAUSTICUS.

THE PROFESSION IN LINCOLN.

To the Editor of THE LANCET.

SIR,—Mr. Allbutt's letter shows that the scale of professional remuneration in Leeds is very low, but here things are as bad, if not worse. No charge is made for visits. Clubs at 3*s.* a head per annum are not only eagerly snapped at, but in some cases the members have been actively canvassed, and treated to bread-and-cheese and beer with the view of securing their votes. The midwifery fees are 10*s.* 6*d.* in the town, no matter how great the distance may be from the practitioner's residence; and not only mechanics but tradespeople in a fair way of business expect to have their wives attended for that. One man told me

his wife was attended for 8s. 6d. twice. In the country 15s. is thought sufficient for cases occurring two and three miles from town. No extra fee is expected to be paid in cases of difficult labour. As to vaccination, no one ever thinks of paying for it. I am, Sir, yours truly,

January 9th, 1871. CACOUNA.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE inquest on eight victims of the fatal explosion at Witton, adjourned at intervals from November last, was concluded last night. The verdict given was that the deceased met their deaths from the effects of burns caused by an explosion of gunpowder at the machine of a lad named Dynelly; but how the said explosion was caused there is not sufficient evidence to show. The jury recommended that the process of manufacture should be separated as much as possible, and that the factory should be subject to Government supervision. They also recommended that an incombustible uniform should be adopted by the workpeople. I may call your readers' attention to the fact that this verdict is not concerning the great Witton explosion which resulted in fifty-three deaths, but to a previous and quite minor affair; and in spite of the three inquests progressing side by side, and their awful facts being made more notorious every day, the maw of the Moloch of war is far from satisfied, the new works are more vigorously at work every day, and new ones are starting into existence almost weekly. It is fair, however, to the manufacturers to say that they are taking a little more care than formerly; the sheds, instead of being large enough to hold fifty or sixty workpeople, are now more numerous, and hold only one woman and one girl; and the hopper or powder barrel is placed outside the shed, and at a height above it, so that an explosion cannot be very disastrous. It is rumoured that very large and very pressing orders have been received here from our own Government for ammunition; and the knowing ones, when an English war is spoken of, seem to think there is something in it.

January 7th, 1871.

THE COLLEGE OF SURGEONS.

AT the quarterly meeting of the Council, on Thursday last, the usual business was transacted. Some conversation took place on the large proportion of rejections (117 out of 221 candidates) at the Preliminary Examination, and the question was raised whether the examination was unnecessarily severe. In the report of the Court of Examiners reference was made to the regulation of the College that students should attend a course of lectures on Practical Anatomy and Physiology. Inquiries had been made as to the precise requirements of that regulation, and it was intimated that it meant to include practical instruction in Histology, Physiological Chemistry, and Physiological Physics; that it was not intended to revive or encourage the practice of vivisection, but that the mode of instruction must be left very much to the discretion of the teachers.

The forthcoming Hunterian Festival was referred to by the President, and the money voted to defray the necessary expenses.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Jan. 5th:—

Langley, Noah Beldom, Cricklade, North Wilts.
Rastrick, Edward Elliott, Southsea, Hants.
Turner, Frederick Harry, High Wycombe.

The following gentlemen also on the same day passed their first professional examination:—

Hill, Thomas Wood, St. George's Hospital.
Wade, Reginald, St. Bartholomew's Hospital.

SIR RODERICK MURCHISON continues to recover his strength, although his progress is somewhat slow.

THE MEDICAL CLUB.—The next house dinner of this Club will take place on Thursday, the 19th instant, when W. Adams, Esq., will preside.

THE GENEVA CONVENTION.—The help societies, which have done such noble duty during the present war, have found many difficulties in their way, and require a vigorous organisation. It is announced that a conference will be held at Vienna as soon as circumstances will allow.

LAST week was laid, with all befitting pomp and circumstance, the foundation-stone of the new Infirmary for the town and district of Wigan. The site selected is on an elevation about half a mile from the town, and the accommodation to be provided is of a most commodious and well arranged order.

HARVEIAN SOCIETY.—The following gentlemen have been elected officers of the Society for the year 1871:—President: Mr. de Méric. Vice-Presidents: Mr. Hickman, Mr. Berkeley Hill, Mr. James R. Lane, and Dr. C. Royston. Treasurer: Dr. H. W. Fuller. Hon. Secretaries: Mr. J. Brendon Curgenven and Mr. H. Cripps Lawrence.

THE LATE SURGEON MAURICE H. COLLIS.—A committee has been formed to receive subscriptions for the purpose of erecting a bust, to the memory of this distinguished surgeon, in the Meath Hospital, Dublin, to which he was for many years attached, and in which institution he met with the injury which caused his premature death.

CATTLE PLAGUE.—We regret to state that cattle plague has again broken out in Belgian Luxembourg, at Corbion, and is also reported to be raging at Lafosse and Maigny, towns in France, but close to the Belgian frontier. In other respects the state of disease continues much the same, both abroad and at home, as when we issued our last report.

TREATMENT OF THE SICK POOR.—A meeting of noblemen and gentlemen interested in the welfare of the sick poor in our workhouses was held the other day at the Ship Hotel, Charing-cross. Dr. Rogers, the president of the Poor-law Medical Officers' Association, occupied the chair. Resolutions were passed that it was desirable to revive the Association for the Improvement of Workhouse Infirmaries, and for securing a radical reform in the administration of the Poor Laws; and that a committee should be formed (with power to add to their number) for the purpose of framing such regulations as may be needed, and generally carrying out the objects of the association.

DR. MORRIS, late of Burnham, Somerset, who has just removed to Nottingham, was, before leaving, presented at the Town Hall building with a handsome secretaire bookcase. On a silver plate was the following inscription:—"Presented to B. R. Morris, Esq., A.B., M.D. T.C.D., at Burnham, Somerset, as a proof of the high esteem in which his patients and friends regard his eminent professional skill and sterling worth in public and private life."

UNIVERSITY OF CAMBRIDGE.—The following courses of lectures on Anatomy and Physiology are announced for this term:—Zoology and Comparative Anatomy, by Professor Newton, three days in the week. Anatomy and Physiology, by Professor Humphry, three days in the week. Practical Anatomy, by Professor Humphry and Mr. Carver, three days in the week. Practical Histology, by Mr. Martin, under the superintendence of Professor Humphry, once a week; with a Microscopical Demonstration, once a fortnight. Physiology, by Dr. Michael Foster, three days in the week, with practical instruction in the physiological laboratory daily.

THE POOR LAWS.—At a meeting of the Social Science Association on Tuesday, in the course of a discussion respecting inquests, Dr. Stallard described the outdoor system of Poor-law relief as a system of slow starvation. People were left to exist on 2s. 6d., 2s., and even 1s. a week and a loaf. He urged that the coroner should, in every such case that came before him, call the relieving-officer, and the guardians, and the inspectors of the poor before him, and make them tell when they looked into the wants of the poor. It was only in this way that the public could be made acquainted with the working of the Poor Laws.

BEQUESTS, DONATIONS, &c.—Elizabeth Cowen bequeathed £300 to the City of London Hospital, and £200 to the Royal Free Hospital; and, upon a certain contingency, the residue is to be divided equally among such hospitals in London and Westminster as the executors may think fit. The Indigent and Sick Society, Newcastle-on-Tyne, has received £250 under the will of Mrs. Eleanor Anstice, of Tynemouth. Mr. A. Kitching, the newly-elected mayor of Darlington, has given £100 to the Darlington Infirmary, by way of acknowledgment of the "honour conferred upon him by his fellow-citizens." Mr. S. Sneade Browne has given £100 to the Bath Mineral Water Hospital. Mr. Sharp, of Weymouth, bequeated £50 to the Weymouth Sanatorium, and £50 to the Weymouth Infirmary and Dispensary. Mr. Wm. Williams, of Landore, has given £52 10s. to the Swansea Hospital.

SUSSEX LUNATIC ASYLUM, HAYWARD'S HEATH.—The twelfth annual report of the visitors was presented to Epiphany sessions on the 2nd January. The asylum, by the enlargements carried out during the past and former years, has now 750 beds; the total cost of which, including the purchase of 200 acres of freehold, the fittings, furniture, &c., has been £120 for each bed. The weekly maintenance cost for 1870 was 9s. 3d., exclusive of fabric repairs which may be put at 9d. To this must be added the interest on £120 capital sunk. The visitors desire this year especially to report to the Court the resignation of Dr. Lockhart Robertson on his appointment as Visitor in Lunacy by the Lord Chancellor. Dr. L. Robertson, they add, held the appointment of medical superintendent at Hayward's Heath from the first opening of the asylum, and during nearly twelve years his zeal, his ability, his high medical attainments, and his increasing devotion to the interests of the asylum, contributed in no small degree to raise it to the high position it now holds in public opinion. On the resignation of Dr. L. Robertson, Dr. S. W. Duckworth Williams, who for four years has filled the office of assistant-medical officer, was, with the entire approval of the committee and of Dr. Lockhart Robertson, appointed medical superintendent.

Medical Appointments.

ALLAN, J. W., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Inverkip, Renfrewshire, vice D. Dunlop, L.F.P. & S. Glas., resigned.

ARCHDALL, Dr. G., has been appointed Medical Registrar at the London Hospital.

BREBNER, G. K., M.B., C.M., has been appointed Assistant Medical Officer at the new Workhouse at Crumpsall, Manchester, vice R. Dacre Fox, M.R.C.S.E., resigned.

CARRUTHERS, W. H., M.D., M.R.C.S.E., has been appointed Senior House-Surgeon at the Royal Infirmary, Manchester, vice Andrew Boutflower, M.R.C.S.E.

CLARIDGE, Mr., has been appointed House-Surgeon at St. George's Hospital.

COLEMAN, O., M.B., M.R.C.S.E., has been appointed Medical Officer for the Surbiton District of the Kingston Provident Dispensary.

COOMBE, G. A., M.R.C.S.E., has been appointed House-Surgeon to the Southport Infirmary and Local Dispensary.

CURRAN, Dr. J. W., has been appointed one of the Surgeons to the Pharley Works, Mansfield.

DARBY, J. T., M.R.C.S.E., has been appointed a Physicians' Assistant at the Royal Infirmary, Manchester, vice Suteliffe.

EWART, Mr. W., has been appointed Ophthalmic Assistant at St. George's Hospital.

FOSBROKE, G. H., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the Parish of Pebworth, in the Evesham Union.

GIFFORD, Mr. D. W., has been appointed Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton, vice Mr. A. W. Smith, resigned.

GLENDINNING, D., M.D., L.R.C.S.E., has been appointed Medical Officer for the Bingley District of the Keighley Union, Yorkshire, vice R. E. Ruffe, M.R.C.S.E., deceased.

GREWCOCK, J. B., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the Eckington District of the Pershore Union, Worcestershire.

GRIGG, W. C., M.D., has been elected Medical Officer to the Out-patients of Queen Charlotte's Hospital, vice Dr. Cholmondeley, deceased.

HANHAM, F. W., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Surgeon to the Lyncombe and Widcombe Division of the Bath Lying-in Charity.

HARRISON, R., M.R.C.S.E., has been appointed Assistant House-Surgeon to the West London Hospital, Hammersmith, vice Lee, promoted.

HERMAN, Mr. G. E., has been appointed Resident Accoucheur at the London Hospital.

HUNT, J., M.R.C.S.E., has been appointed Resident Surgeon at the Birmingham General Dispensary, vice T. H. Ravenhill, M.R.C.S.E., appointed to the Branch at Camphill.

LEE, E. S., M.R.C.S.E., has been appointed House-Surgeon to the West London Hospital, Hammersmith, vice T. L. Browne, L.R.C.P. Ed., resigned.

LESLIE, L., M.D., M.R.C.S.E., has been appointed Medical Officer for District No. 1 of the Alton Union, vice G. W. Harrison, M.R.C.S.E., resigned.

M'CARTHY, Mr. J., has been appointed Surgical Registrar at the London Hospital.

MACDONALD, J. E. L., L.R.C.P.Ed., L.R.C.S.I., has been appointed Medical Officer for the Thornley District of the Easington Union, Durham.

MACKENZIE, Mr. S., has been appointed Resident Medical Officer at the London Hospital.

MATHEW, C., L.R.C.P.L., M.R.C.S.E., has been appointed Assistant House-Surgeon to the Stockport Infirmary, vice W. L. Roberts, M.R.C.S.E.

MIDDLETON, W. H., L.K.Q.C.P.I., M.R.C.S.E., has been appointed Assistant Medical Officer to the General Hospital and Dispensary for Diseases of Children, Manchester, vice W. Rayner, M.R.C.S.E., resigned.

MOORE, H. G., L.R.C.P.L., M.R.C.S.E., has been appointed Surgeon to the Ipswich Police, vice F. Gull, M.R.C.S.E., resigned.

NEWMAN, A., M.B., M.R.C.S.E., has been appointed Medical Officer for the Alrewas District of the Lichfield Union, vice G. J. Muriel, M.R.C.S.E., resigned.

O'CONOR, F., M.D., L.F.P. & S. Glas., has been appointed Medical Officer for the St. Peter's District of the Parish of Islington.

OWEN, R. H., L.R.C.P.Ed., L.F.P. & S. Glas., has been elected Medical Officer for the Aberdaron District of the Pwllheli Union, Carnarvonshire, vice T. Williams, L.R.C.P.Ed., L.F.P. & S. Glas., resigned.

PATCHETT, W. A., M.R.C.S.E., has been appointed Junior Assistant Resident Medical Officer at the Workhouse Hospital, New Bridge-street, Manchester, vice A. Harris, M.R.C.S.E., promoted.

REA, Mr., has been appointed Orthopædic Assistant at St. George's Hospital.

REYNOLDS, H. D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Pembroke Union, vice J. Watts, M.R.C.S.E., resigned.

ROBINSON, E., M.R.C.S.E., has been appointed a Medical Officer to the Ashton-under-Lyne District Infirmary.

ROBINSON, Mr. T., has been appointed Junior Resident Medical Officer at the London Hospital.

ROUCH, J. R., F.R.C.S.E., L.R.C.P.L., has been appointed a Surgeon to the Metropolitan Free Hospital, Devonshire-square, vice J. Warner, M.D., M.R.C.S.E., resigned.

RUSHER, J. G., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the Upton Snodsbury District of the Pershore Union, Worcestershire.

SMITH, Dr. P., has been elected a Corresponding Member of the Imperial Academy of Medicine of Rio de Janeiro.

STEPHENSON, E. A., L.K.Q.C.P.I., L.R.C.S.I., L.M., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Tramore Dispensary District of the Waterford Union, vice R. H. Pope, L.R.C.P.Ed., L.R.C.S.I., resigned.

SUTCLIFFE, A. E., M.R.C.S.E., has been appointed Junior House-Surgeon at the Royal Infirmary, Manchester, vice Carruthers.

WALKER, Mr. R., has been appointed Assistant House-Surgeon at St. George's Hospital.

WICKHAM, R. H. B., L.R.C.P.Ed., F.R.C.S.Ed., Assistant-Physician to the Royal Edinburgh Asylum, has been appointed Resident Medical Superintendent of the Newcastle-upon-Tyne Borough Lunatic Asylum, vice H. G. Stewart, M.D., L.R.C.S.Ed., deceased.

WILSON, G., M.R.C.S.E., has been appointed a Surgeon to the Monmouth Hospital and Dispensary, vice T. Prosser, F.R.C.S.E., deceased.

WILSON, Mr. R., has been appointed Obstetric Assistant at St. George's Hospital.

WRIGHT, Dr. H., has been appointed a Visiting Surgeon to the Knaresborough Dispensary, vice T. M. Beaumont, L.R.C.P.Ed., F.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

EDDOWES.—On the 6th inst., at Shrewsbury, the wife of William Eddowes, M.R.C.S.E., of a daughter.

MEGGET.—On the 8th inst., at Scarborough, the wife of A. Megget, M.R.C.S., of a son.

RUTHERFORD.—On the 6th inst., at Tinalinn, the wife of James Rutherford, M.D., F.R.C.P.Ed., Medical Superintendent of the Argyll and Bute District Asylum, of a daughter.

TREND.—On the 8th inst., at Southgate-road, N., the wife of Henry G. Trend, L.R.C.P., &c., of a son.

WHITMARSH.—On the 10th inst., at Albermarle House, Hounslow, the wife of Wm. Michael Whitmarsh, M.D., of a daughter.

MARRIAGES.

CURRIE—WAVELL.—On the 4th inst., at Halifax, Ronald Currie, M.D., of Skelmorlie, Wemyss Bay, to Sophia Elizabeth, daughter of E. M. Wavell, Esq.

LACK—WRIGHT.—On the 3rd inst., at Wymondham, Thomas L. Lack, M.R.C.S.E., to Ellen Wright, daughter of W. Taylor, Esq.

DEATHS.

BROWN.—On the 29th ult., at Crown-place, Aberdeen, George Brown, late Surgeon-Major Grenadier Guards, aged 69.

GAINS.—On the 28th ult., at Buttevant, Geo. E. Gains, M.R.C.S.E., Surgeon 2nd Battalion 6th Royal Regiment, aged 45.

LOW.—On the 5th inst., at St. Brelades, Jersey, Alex. James Low, M.D., late Student of St. Bartholomew's Hospital, aged 30.

NELSON.—On the 9th ult., Samuel Nelson, M.R.C.S.E., L.S.A.L., of Flaxton, near York, aged 31.

SCARR.—On the 1st inst., R. T. Scarr, M.R.C.S.E., of Bishops-Stortford, aged 61.

SPEEDY.—On the 3rd inst., at Winchester, Hants, of scarlatina, Robert Speedy, Surgeon, 46th Regiment.

THANE.—On the 6th inst., at Hampstead-road, Florence Beatrice, youngest daughter of Wm. D. Thane, M.R.C.S.E., aged 6 days.

Notes, Short Comments, and Answers to Correspondents.

DIAGNOSIS OF FRACTURE OF THE FEMUR.

THE History of a Case of Fracture of the Femur, bearing chiefly on the diagnosis of such lesions, not long ago formed the subject of a paper by Dr. James Morton, Surgeon to the Glasgow Royal Infirmary, which was read before the Glasgow Medico-Chirurgical Society. The case is somewhat interesting in its surgical aspects, but more so in its medico-legal bearings. A man, the subject of spinal curvature, sustained an injury, which was diagnosed as fracture of the upper part of the left femur, for which he was treated in the hospital, and discharged cured. Owing to spinal deformity and other circumstances, on which we need not dwell, much shortening took place. The patient was seen subsequently to his discharge from the Convalescent Home by several surgeons, who averred that he was the subject of a dislocation, and not fracture, of the femur. He was readmitted into the hospital by an arrangement between one of the surgeons and the medical man who had seen him after the receipt of the injury and after his discharge from the hospital. Dr. Morton, however, whose patient the man had been, had him transferred to one of his own wards, and obtained a consultation of the surgical staff on the case, and a unanimous verdict was arrived at in favour of the lesion having been a fracture, and not a dislocation. The patient was dismissed, and in the course of time, having unfortunately met with another accident, he died. A post-mortem examination demonstrated that the femur had been fractured just inside and partially through the great trochanter, but not within the capsule, while the head of the bone was found in the acetabulum; in fact, the fracture had occurred at the usual site of this lesion when it is the result of direct violence. Dr. Morton, avoiding mention of the names of the different medical men, makes a few comments on the case, to the effect that in investigating any similar case, it is essential to approach the injury without the least bias, and to delay coming to a final conclusion in the presence of any symptom inconsistent with the idea which may be present to our minds—as, for example, the eversion of the injured limb in the present instance. Again, those who saw the patient at his own home had none of the facilities for examining him that a surgeon would have in a hospital ward. At the time of admission it was decided by the surgeon under whose care it came that the case was one of fracture, upon the evidence of certain phenomena then present, some of which would necessarily have disappeared at the end of six months, while some seven practitioners considered the patient to have sustained a dislocation. There was no reason whatever for imputing any unworthy motives to those who arrived at this conclusion; but had the man been of a litigious disposition, and gone into court to obtain damages for the supposed blunder, the consequences would, to say the least, have been vexatious to all concerned. The moral of the story lies upon the surface—that we cannot be too guarded in the expression of our opinions, or too careful in the formation of them, under circumstances of difficulty in diagnosis, where the patient has already some time before been carefully examined by a skilled and competent medical man.

DR. BALLARD.

Querist should consult the Medical Directory. The gentleman who spoke at the Obstetrical Society is Dr. Thomas Ballard. Dr. Edward Ballard, the medical officer of health for Islington, is the gentleman who made the recent discovery of the propagation of typhoid through the medium of impure milk.

Prof. Longmore's interesting paper shall be inserted next week.

TRAUMATIC ERYSIPELAS.

To the Editor of THE LANCET.

SIR,—Will you allow me to make known, through your valuable journal, a means of preventing this formidable and often fatal disease?

It is hardly necessary to say how frequently erysipelas occurs after lacerations and other wounds, unless proper means be adopted for its prevention, otherwise we should not constantly hear in medical evidence given before our police magistrates that the patient cannot be considered out of danger, as there is a risk of erysipelas; on account of which evidence bail is refused, and the defendant consigned to the "lock up." Further, should the patient unfortunately succumb to erysipelas, not only is a life lost, but the defendant's punishment is proportionately severe. I may, perhaps, be allowed to say that between 500 and 600 cases of lacerations, crushes, and wounds to the scalp and other parts (of course both in the healthy and unhealthy) have been treated by this method, and without a single instance of the full development of erysipelas or a death. The treatment consists in freely and perfectly washing the injured parts and those adjoining with a solution of nitrate of silver (thirty grains to the ounce of distilled water), and by dressing the parts until healed with a weaker solution—ten grains of the nitrate to the ounce. If the scalp be separated to any extent, I wash the whole interior with the solution, and have but little, if any, pus secreted. The edges of the wounds are brought into apposition by tying the hairs from either side together; or, if there be no hair, by means of adhesive plaster over a piece of calico dipped in the nitrate of silver solution. In many instances wounds have been plastered up, and become puffy and erysipelatous, before seen by us. We have then opened them out, and treated them as fresh cases with the solution, to find in every instance the disease disappear.

Your obedient servant,

Bow-road, Jan. 9th, 1871. S. LAWRENCE GILL.

HEALTH OF ROME.

Roma, Roma, Roma, non è più com' era prima may now be said of the Eternal City by others besides the peasants. One of the first acts of the King of Italy and his Ministers upon the annexation of St. Peter's patrimony has been to appoint a Commission of Inquiry into the Sanitary Condition of the City and the surrounding country. There is no reason why the Pontine marshes should not be made as healthy as the Lincolnshire fens, and the Campagna as productive as it used to be in the days of the Roman Republic. Among the gentlemen composing the Commission are, S. Giordano, the well-known engineer; S. Grattoni, the projector of the Mont Cenis Tunnel; the Cavaliere Guerzoni, the Italian representative at the International Working Men's Exhibition in London; and the Cavaliere Milaglia, Director-in-Chief of the Agricultural Department at the Ministry of Agriculture, Industry, and Commerce. Henceforth a visit to the Eternal City will not be attended with the sanitary risks which have deterred many a votary of scholarship and art; and by the approaching fulfilment of the aspiration of Lancisi, the Agro Romano will lose its deadliness, and Horace's lines their point—

"Frustra per autumnos nocentem
Corporibus metuemus Austrum."

D. M. R.—1. West and Eustace Smith on Diseases of Children.—2. Dr. Grally Hewitt's work.—3. Aitken or Watson's Practice of Medicine and Erichsen's Surgery.

Mr. T. Stiles.—The facts relative to vaccination we will refer to next week

THE VARIETIES OF ENTERIC FEVER.

To the Editor of THE LANCET.

SIR,—I have been hoping for some time that some one of acknowledged repute in the profession would remark upon the first case of enteric fever described by Dr. Murchison in his lecture published in your columns of the 10th ultimo; but seeing no comment upon it, I venture to ask permission to suggest a few inquiries in regard to it, my excuse being the desirability of determining as far as possible the limits within which a disease so important as typhoid fever may vary in its symptoms.

It appears from the details given that Marian B——, the patient in question, having been seized with shivering, followed by pyrexia, died on the thirteenth day of a disease characterised by headache, vomiting, and constipation, and ending in an inflammatory affection of the lungs. In proof that this disease was a case of typhoid fever, it is mentioned that the solitary and agminated glands of the small intestine were found enlarged. But the patient had had three stools the day before her death; and as activity of the bowels is by itself able to cause swelling of these glands, might not their enlarged state have been the result and not the cause of the purging? If so, there is no other evidence given to show that the case was one of anything but insidious pneumonia.

May I beg, therefore, through the medium of your pages, that Dr. Murchison will afford the public more information on the case, especially as to the condition of the respiration during the first eight days, the effect of the aperients ordered, and the presence or absence of an inflammatory ring round the agminated glands.

There is such a tendency to indefiniteness in the idea of the possible variations of typhoid fever entertained by students and young practitioners, that it is fast becoming a sort of general designation for all obscurely febrile ailments; and as all do not possess the same skill nor bestow the same attention to their patients as Dr. Murchison, a young practitioner might be led by the report of the case, as it at present stands, to mistake, in his own practice, a case of adynamic pneumonia for one of typhoid fever; and while using the ordinary remedies for the latter disease, omit the local applications which were employed by Dr. Murchison, and which might save the patient's life.

Trusting that, in the interest of medical science, my request will be excused, I am, Sir, your obedient servant,

January 3rd, 1871. INQUIRER.

HILLINGDON COTTAGE HOSPITAL.

WE have received a copy of the Report of this hospital for 1870. 20 cases had been admitted during the year, of whom 17 had been cured, 5 relieved, 1 died, and 3 remained under treatment. The institution, in a medical and surgical point of view, seems to have fully answered the ends for which it was established.

INTERMARRIAGE OF BLOOD RELATIONS.

To the Editor of THE LANCET.

SIR,—Some time ago you were good enough to give me your valuable opinion upon the general question of the intermarriage of cousins. May I ask, on behalf of a friend, the favour of a reply to another query on the same subject, I may mention that your former opinion greatly assisted in gaining me a treasure of a wife, and so far with the happiest results.

Query.—Two brothers married two sisters. Would a marriage between their children (being thus doubly related) be essentially different from the case of ordinary cousins, and therefore unwise? Are there sufficient data from which to presume that such a marriage would probably be productive of marked deterioration of offspring? Yours obediently,

January 4th, 1870. J. T.

*** The marriage of cousins, the offspring of the intermarriage of two brothers and two sisters, we would again say, if there be no marked hereditary tendency on either side to any form of disease, mental or bodily, would be unobjectionable; and the chances of healthy issue will be greater if the cousins are of different types—one, for example, fair, and the other dark. If, on the contrary, one of the families have an hereditary mental or bodily taint (mania, scrofula, gout), and a portion of both the families suffer from the same taint, such marriage would be unadvisable. —ED. L.

MORTALITY IN MILE-END.

Dr. Corner has sent us a long rejoinder to the letter of Mr. Southwell, which appeared in last week's LANCET; but taking into consideration the numerous and pressing claims upon our space, and that the points in dispute are exclusively of local interest, we think there is no sufficient object to be gained by allowing the correspondence to go further in our columns. It will probably answer every purpose if we say that the charge of "sensationalism" is one which Dr. Corner can well afford to disregard, seeing that medical men who have anything to do with sanitary matters seldom escape it if they have occasion to speak unpalatable truths. The correspondence seems to show that the local reporters have an unfortunate knack of reporting the statements which Dr. Corner makes to his vestry less accurately than is common with the craft; and we gather that much of what we printed last week from Mr. Southwell was based on a misunderstanding of some words said to have been used by Dr. Corner. Surely it does not need a long newspaper war to clear up difficulties arising from mistaken impressions; and, judging from the concluding sentence of Dr. Corner's letter, there really seems to be no reason why the relations betwixt himself and the union authorities should not be, as we hope they will now become, perfectly harmonious. He says: "The Board of Guardians of which Mr. Southwell is the officer have always shown a desire to co-operate with my department of the vestry to promote the public health; and if differences of opinion have occasionally arisen, they have only been in reference to expediency of details as to the best means to be adopted."

Chloral Hydrat must sign his name if he wishes his letter to appear.

THE INDIAN SANITARY DEPARTMENT.

To the Editor of THE LANCET.

SIR,—All Indian medical officers will highly appreciate your kindness in permitting them occasionally to express in the pages of THE LANCET their dissatisfa[illegible]n with the new sanitary department.

I am well aware that the great majority of the medical service fully endorse all that has been stated by your two correspondents, "Medicus" and "Delta," and that there are few competent to form an opinion on the subject who will not admit that the sanitary department is altogether an unnecessary, absurd, and expensive anomaly. I am not going to dispute for a moment the ability of the Sanitary Commissioners. They are comparatively young men, it is true, who have not had much practical experience in sanitary matters, and who can have had no very special opportunities for acquiring a more than ordinary knowledge of such subjects. But they are evidently men who have read and reflected, and are able generally to express their views in clear and intelligible language. Their suggestions are often valuable, and just as often they are quite impracticable from the absurd expenditure which their adoption would involve. It is for this latter reason that their proposals are so frequently consigned to the waste-paper basket. Money is not to be procured, and the population will not stand further taxation.

The fact is, the Sanitary Commissioner occupies a totally false position. He is very highly paid, and must earn his pay. It is his duty to point out sanitary defects, and it is equally his duty to point out how they may best be remedied. But he can go no further; he is without power or authority, and cannot direct the removal of the most offensive dunghheap or command the expenditure of a single farthing.

But what I wish chiefly to insist upon is, that the Deputy Inspectors-General of the Medical Department are the proper officials to give sanitary advice to Government within their respective circles, and there is not a shadow of reason for supposing that they are not fully competent to act in this capacity. The Deputy Inspectors are invariably officers of high standing and great experience, who are specially selected by Government to fill their well-paid and comfortable appointments. It is difficult to believe that their special acquirements are inferior to those of the Sanitary Commissioners; while from their greater general knowledge and more varied and extensive experience they are much better fitted to give sound and practical advice on sanitary matters.

But another and a very serious objection to the present arrangement is the heart-burning and ill-feeling brought about by the double system of inspection. The Deputy Inspector feels that he ought to be the medical and sanitary chief of his circle. He is naturally enough grieved and mortified to find that Government ignores him altogether in this capacity, and considers that he is only fit to inspect a few hospitals once a year. It can scarcely be expected, therefore, that he will look with special favour on a junior officer who invades his territory, inspects his gaols and dispensaries, and who is, moreover, armed with full powers to find as much fault and make as many disagreeable remarks as he pleases.

I believe if the matter were represented in its true light to the Secretary of State for India, he would easily recognise the folly of persevering further in a system involving such a very serious expenditure, and at the same time so totally unnecessary.

Your obedient servant,

December 5th, 1870. A CIVIL SURGEON.

A GOOD EXAMPLE.

IN advocating the introduction of various sanitary reforms with the view of controlling the spread of infectious diseases—especially of scarlatina and small-pox, now so prevalent,—we pointed out that the first thing to be done was to obtain early information of the names and residences of persons attacked with those diseases. To be forewarned in such cases is to be forearmed. We applaud, therefore, the good sense of the gentleman who has had the courage to insert the following advertisement, which appeared in the *Malvern News* of the 7th instant, as a step in the right direction:—

"Mr. Frederick Smith, of Leesten, announces that his two youngest children have scarlet fever; his four elder boys were removed, after disinfection of their persons and clothes, into lodgings on the day on which the disease in the little ones was pronounced.

"N.B.—This advertisement will be continued until the medical attendant shall certify that there can be no risk to visitors and others."

G. B.—The *Epsomian* may be obtained by application to Mr. A. C. Fox, Epsom College. The price is 4*d.* a copy.

THE "PECULIAR PEOPLE" AGAIN.

THERE seems to be a probability that the rightly called "Peculiar People" are to be allowed full liberty to carry out the principles of their sect in regard to withholding medical aid from their sick children. The failures of the prosecutions hitherto undertaken against members of the sect appears to have engendered the notion that all efforts of the kind are useless, and consequently that no further attempts should be made in that direction. For the Registrar-General has drawn attention to the fact, which would presumably otherwise have gone unobserved, that in the case of a son of "Peculiar" parents, a lad of fifteen years old, who had died recently at Plumstead, there had been no medical attendance during an illness of several weeks, and that "the cause of death could not be ascertained, as the coroner declined to hold an inquest." We do not hesitate to say that the propriety of the coroner's decision is, in our judgment, very questionable. The failure of previous attempts to punish "Peculiar" parents for neglecting to call in a doctor as a means of averting the death of a child from disease, has nothing whatever to do with the question whether the coroner should have held an inquest or not. Surely the presumption of neglect ought to suffice for rendering the coroner's inquiry into the cause of death imperative.

REGISTRATION OF DISEASE.

To the Editor of THE LANCET.

SIR,—The time seems to be at hand when a registration of disease, based on the weekly reports of the Poor-law medical officers, will be accomplished. As a matter of history, it may be well, therefore, to recall certain facts which, though recent, seem somehow to have slipped out of memory.

On June 9th, 1869, there was held a meeting of representatives of the Medical Society of London, the Metropolitan Association of Medical Officers of Health, the Poor-law Medical Officers' Association, and the St. Andrews Medical Graduates' Association, to consider the subject of a general registration of disease, and especially a plan proposed by Dr. Richardson, F.R.S., for that purpose in 1858. A Sub-committee, consisting of one Secretary of each of the above-mentioned Societies, was appointed to draw up a detailed scheme. This Sub-committee prepared a "memorandum on the advantages to be derived from a registration of disease, and on the mode in which such a record may be obtained," which was accepted and adopted by the Committee of the four Societies, and has been published in the third volume of "Transactions of the St. Andrews Medical Graduates' Association."

The memorandum, after setting forth the insufficiency of the draft lists for sanitary purposes, and the need and advantages of a registration of disease, proceeded to show that, although a general registration of all cases of disease as they occurred was impracticable, yet that a fair sample, as it were, of the prevalent diseases of the community might be obtained by means of the weekly returns of the Poor-law medical officers. To accomplish this purpose, the Sub-committee suggested a modification of the forms of the present Medical Relief Book, so that each sheet when filled up was divisible into two parts—one to be retained still in the book; the other to be sent to the General Register Office, then to be tabulated, classified, and published. The part of the return to be used for registration purposes could be simplified or elaborated as circumstances allowed. It could be made to relate the nature merely of each case of disease coming under treatment; and, by additional columns, it could tell of the age, the sex, the occupation, and the residence of the person attacked, as well as the duration and termination of the disorder. Full details necessitate increased work, and increased work should not be required without increased pay. Many plans were considered; but the above commended itself to the Committee as the simplest and yet the most susceptible of growth. A separate schedule of selected diseases would at best be imperfect, and the abstracting the cases from the relief book and enumerating them would, it was thought, entail much additional trouble on the medical officers. The use of copying paper was fully considered, and was rejected as involving an amount of attention to details which would make it virtually impracticable.

On November 9th, 1869, a deputation of the conjoint Committee waited upon the Right Hon. G. J. Goschen, M.P., the President of the Poor-law Board, in order to present to him the memorandum, and to explain to him the suggested plan. Mr. Goschen said that in spirit he was heartily with the deputation, promised his assistance as far as was practicable, and spoke of the simplicity of the proposed arrangement as greatly in favour of its ultimate adoption.

Having secured the favourable consideration of the President of the Poor-law Board, the Secretary of the conjoint Committee was directed to ask for an interview with the Home Secretary. To this request Mr. Bruce replied, on December 17th, 1869, that the subject of the registration of disease was under the consideration of the Poor-law Board and of the Privy Council Office; and that, as the powers of those departments were sufficient to carry out any practical scheme of registration of disease without the aid of the Home Office, an interview with him would serve no useful purpose.

In justice to the author of the scheme and to the efforts of the conjoint Committee of the four Societies to secure its adoption, I ask you to be good enough to publish this statement.

I am, Sir, your obedient servant,

THE HONORARY SECRETARY OF THE CONJOINT COMMITTEE.

January 4th, 1871.

*** We have acceded to the request that we should publish this letter, because we should be sorry for the conjoint Committee to imagine that we, at least, have any desire to deprive them of whatever credit belongs to them for the action they took in 1869. We have, however, to remark that it is scarcely our fault if, by reason of their abstention from all defence of their scheme against the criticism to which it has been subjected by those who have subsequently come before the public, it has been pretty generally taken for granted that more recent proposals have proved more acceptable than those of the Committee. We trust the *amour propre* of the Committee will be satisfied with having now recorded their claims in this matter of disease registration proposals, and that we shall soon know what the Royal Sanitary Commissioners propose for adoption in that regard.—ED. L.

NOMS DE PLUME.

THE British public, according to Mr. Disraeli, is much in need of a new set of images; and a similar want, we beg most respectfully to suggest to our correspondents, is apparent in their choice of *noms de plume*. We have so many "Inquirers" that the answer intended for one is in danger of going to another, with ludicrous and occasionally lamentable results. One "Inquirer," for instance, asks for the name of some "Benevolent Society," and adopts the answer intended for a totally different "Inquirer"—a certain well-known "Board of Guardians." The twenty-six letters of the alphabet are capable of being arranged in such an infinite variety of ways that the invention of *noms de plume* is quite possible without their owners being classified as "birds of a feather."

A Young Practitioner must introduce himself to the other practitioners residing in the neighbourhood, if he wishes to secure a *clientèle* in the regular professional way.

TREATMENT OF GONORRHŒA BY INJECTIONS OF PERMANGANATE OF POTASH.

To the Editor of THE LANCET.

SIR,—My attention was first drawn to the use of the permanganate as an injection in gonorrhœa by an article in THE LANCET of December 3rd, and I have been permitted by Mr. Smith to send you the results of this treatment as compared with others employed during the last two months.

In 16 cases treated in this way, there have been 10 cures at periods of from 2 to 10 days, and 6 cases discharged as convalescents, they feeling well enough to leave hospital, but not being such as I could class as cures. 31 cases in all were treated in hospital, with the results which I can most readily show in the following table.

No. of cases treated.	Treatment employed.	Average length of stay in hospital.	Cases cured.	Cases convalescent.	Average time of cure.	Average duration of disease before treatment.
6	Cubebs and copaiba.....	13 days.	4	2	13 days.	5 days.
2	Condy's injections, two drachms to the pint	9 „	1	1	8 „	9 „
3	Tincture of muriate of iron internally	8 „	1	2	10 „	214 „
3	Sandal wood	13 „	1	2	8 „	74 „
1	Soluble bougie of gallic acid	5 „	...	1	...	150 „
16	Permang. of potash injections, 5 grs. to the ounce	6 „	10	6	5 „	45 „

These figures, I think, compare very favourably. It may be observed that the injection of permanganate of potash is useful both in acute and chronic cases, but yields the palm to the iron treatment for very old gleets; while copaiba and cubebs are useful in acute, but quite useless in chronic cases, and even in acute cases taking more than twice the time for cure. The injections of Condy's solution and water, as generally employed, are too weak to do much good. Soluble bougies of gallic acid I have only used in one case, which, of course, cannot be argued from; but are worthy of more trial. The injection I employ generally is of five grains of the permanganate to the ounce of water; six to ten grains I have also used, but with no additional advantage. Only two patients have complained of pain during the use of the injection, and that was easily stopped by omitting its use for one day. In the ten-grain cases there was no complaint at all. I may add that the patient is better to be kept in bed, and should continue the injection for at least a week after apparent cure.

These results are, I submit, quite sufficient to induce a trial of this treatment. The patient's stomach is not put out of order by nauseous drugs, and few patients would grudge the time necessary (four times a day) for so pleasant a cure. Yours truly,

W. MACFIE CAMPBELL, M.B., C.M.,
House-Surgeon, Seamen's Hospital, *Dreadnought*.

Greenwich, January 9th, 1871.

A QUERY.

H. D. wishes for an answer to the following:—Whether it would be possible for a man in any habit of body, or under any circumstances whatever, to be alive after partaking of neither solids nor fluids nor nourishment of any kind for fourteen days?

Juvenis, (Birmingham.)—The rule generally followed is for the new-comer to call.

Dr. Morehead's paper on "Sanitation in India" shall have our attention.

PRESCRIBING CHEMISTS.

To the Editor of THE LANCET.

SIR,—I have read many contributions published in your journal lately under the above heading, and should like to add an account of one more instance which has just occurred to myself.

On the morning of Christmas-day I was requested to see a man living three or four miles from my house, who had been unwell for a few days, but during the night had become worse. On my visit, about 11 A.M., I found him dead. The evening before he went to the chemist in this town, who prescribed for him. On his way home he took a dose. The latter part of his journey he was unable to perform without the assistance of two other men. The remaining part of the history of the case I have already stated. I, of course, refused to give a certificate of the cause of death. The coroner, on being communicated with, expresses it as his opinion that there is no necessity for an inquest, as the man had been unwell, and there was no suspicion of foul play. I am, Sir, yours obediently,

December 30th, 1870. L.R.C.P. Lond., &c.

MUSHROOMS IN PARIS.

IN reference to some remarks that appeared in our last number, a correspondent informs us that in the quarries underlying Paris mushrooms are grown in enormous quantities. He refers us to a volume entitled "The Parks and Gardens of Paris" for a description. One cultivator is said to have beds of mushrooms twenty-five miles in length, and the total quantity produced, when stated in pounds, sounds fabulous.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—There is an old saying that one man's word is as good as another's. I am very sorry Dr. Davies has found it answer his purpose to so emphatically deny my statement with regard to the position of Wm. B——'s leg. Others who were present know as well as myself that what I stated was perfectly true; and to further prove what I say, I believe it would only be fair for you either to publish the letter the patient sent you, or yourself to express the contents thereof.

I hope I shall not be overtaxing the learned gentleman's sagacity by referring him to my last letter; and, from the description I there gave of the position and dressing of the limb, to see the possibility of diagnosing an oblique fracture of the tibia, *not* through splints, but through a single fold of bandage which covered the anterior surface of the limb.

With regard to my repeated interference with his patients, I explain it thus: Many of the workmen of the Llynvi Works have a fund, by paying into which they secure my services, so that when I am sent for I go; and should Dr. Davies have been in attendance, I instruct the friends of the patient to inform Dr. Davies that I have been sent for.

In conclusion, I have to say that I shall take no further notice of any communication he may make hereafter on this matter.

Yours obediently,

W. H. THOMAS,
Surgeon to the Llwydarth Tin-plate Works, &c.

Maesteg, January 5th, 1871.

*** We cannot insert further correspondence on the above subject.

THE following advertisement appears in the *Liverpool Mercury*:—

"HOSPITAL FOR SKIN DISEASES, 61, BROWNLOW-STREET.—To Clerks, Mechanics, and small Tradesmen.—Separate rooms. Attendance and medicines, 5s. per month. Working classes free. Open daily from 12.30 to 1.30. Charles Groves, Treasurer, 4, Water-street."

This is not the only case that has recently come under our notice in which certain special arrangements seem to be made in favour of "clerks, mechanics, and small tradesmen," in consideration of a small money payment, as compared with the classes who have nothing to pay. This is not the true provident principle, which requires a systematic weekly payment against sickness of all kinds by the *working classes*, but a form of the evil of "specialism," which does much more for one or two medical men that are practically advertised than for either the poor or the profession.

TREATMENT OF PRURIGO.

To the Editor of THE LANCET.

SIR,—If "Medicus" has not tried carbolic acid, he will possibly find it succeed. Prof. Binz, in a late number of the *Berliner Klinische Wochenschrift*, directs attention to the good effects resulting from the internal administration of the acid, given in pills with extract of liquorice, commencing with one grain and a half for a dose, and increasing it up to fifteen grains daily. The *Practitioner* of this month refers to it. I have not yet given this a trial; but can speak with confidence of the external application of the acid. A lotion composed of two ounces of carbolic-acid glycerine, two ounces of solution of acetate of morphia, and four ounces of rose water, will be found well worth a trial. Yours obediently,

January, 1871. ARTHUR W. EDIS.

To the Editor of THE LANCET.

SIR,—In reply to "Medicus," asking for assistance in a severe case of prurigo, I beg to say that I have very recently had a case similar in severity under my care, in which all external applications proved useless. Internally I tried many drugs, until that valuable medicine, bromide of potassium, entered into my mind. I gave my patient one scruple three times a day for about a week, by which time he was perfectly well. The drug acted like a charm, removed the morbid sensibility of the part, and procured perfect rest at night. The dose might be increased to thirty grains if necessary. Wishing the remedy further success,

I am, Sir, yours truly,

January, 1871. L.F.P.S. Glas.

To the Editor of THE LANCET.

SIR,—In answer to the inquiry of "Medicus" as to the treatment of prurigo, I forward what I have found to be an efficacious remedy in cases of obstinate prurigo labialis:—Sulphate of morphia, twenty grains; biborate of soda, half an ounce; distilled water to eight ounces. Previous to using the above lotion, let the parts be well washed with a strong lather of Castile soap, and then well dried with soft linen.

Your obedient servant,

Hampstead-road, Jan. 10th, 1871. W. D. THANE, M.R.C.S.

M.D.—We are unable, as well as unwilling, to furnish the address of a gentleman who recently advertised in a non-medical paper his readiness to procure for any unqualified gentleman a degree from the foreign Universities.

A MIDWIFERY GLOVE.

To the Editor of THE LANCET.

SIR,—For the information of "C. T. B.," I would mention that some time ago when in London, having to attend a woman who had been suffering from syphilis, I took the precaution of using an india-rubber glove, which Mr. Walters, of Moorgate-street, made for me. It answered the purpose very well; but I think it might be considerably improved upon by having it made as thin as gutta-percha tissue. There was no sewing in the glove, and it was quite waterproof. Yours obediently,

Manchester, Jan. 10th, 1870. J. WILLIAMS, L.R.C.P., &c.

LUNACY AND THE WAR.

WE are not surprised to find that the prevailing war has added greatly to the number of inmates of lunatic asylums in France. In Rome (it is ascertained) a large proportion of the patients in the lunacy wards owe their presence there to political excitement; but the mental strain to which revolutionary Romans were subjected is as nothing to what has been imposed on the town and country population of France. In one of the first great encounters of the war, a German soldier rushed stark mad into a tent from the front, where the sights and sounds had shocked him out of his senses. This may be an extreme case; but there is no doubt that the same causes, less acute but more prolonged, must have told disastrously on many of "our lively neighbours." The war has been rich in all kinds of medical and surgical lesions; and, when its history is fully recorded, it medico-psychology will be not the least interesting of its melancholy features.

AN EARNEST APPEAL TO THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—The late Joseph John Edward Porter, M.R.C.S. and L.S.A., formerly a student of the London Hospital, practised for thirty years, and held the office of registrar of births and deaths, at Godshill, Isle of Wight. Latterly his health entirely failed him, and he died in a state of absolute penury, leaving his daughter, aged seventeen, who is suffering from phthisis, wholly dependent on charity. Subscriptions will be thankfully received and duly acknowledged in THE LANCET by,

Yours truly,

E. R. WOODFORD, M.B.,
Medical Officer of the Godshill District,
Isle of Wight Union.

January, 1871.

THE LOVERS OF SMALL-POX IN JERSEY.

IT is long since we gave up attending to the nonsense of the Anti-Vaccination League. We are glad to find that they have been ably answered by gentlemen of the neighbourhood.

Mr. W. R. Brunton.—Our correspondent's request shall be attended to next week if possible.

THE LORD CHIEF BARON'S EPIGRAM.

To the Editor of THE LANCET.

SIR,—Noticing your quotation of an epigram of the late Lord Chief Baron, I cannot resist the suspicion that it is a classical plagiarism of Swift's lines in his elegy on Dr. Partridge, the almanac maker:—

"Then call in Mercury for aid,
And cure the wounds that Venus made."

Yours, &c.,

January 9th, 1871. THEMIS.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Grailly Hewitt; Dr. Protheroe Smith; Dr. Grigg; Dr. Martin, Manchester; Mr. Harrison, Hammersmith; Mr. R. Neston; Mr. Russell; Mr. Atkinson, Abbotsbury; Dr. Humphry, Cambridge; Dr. Moorhead, Benburb; Dr. Laslett, Portland; Mr. Sprague; Dr. Woodford; Mr. C. H. Taylor; Mr. Barter; Mr. J. Deane, Clapham; Mr. Duthie, Preston; Mr. Bolster, Bantry; Mr. Brook, Binfield; Mr. Wilson; Mr. Giles; Dr. Phillips; Dr. Ford, Ladybank; Mr. W. Hall; Dr. Williams, Manchester; Mr. Pitman; Mr. Maclure, Perth; Mr. Ward; Mr. T. Carr, Wrexham; Dr. Carruthers, Manchester; Dr. Harris, Audley; Dr. Platt, Pont Blyddyn; Mr. Ash, Canterbury; Dr. Curran, Mansfield; Mr. T. Bayley; Dr. Middleton, Manchester; Dr. Fogerty, Limerick; Dr. Clarke, Lynton; Mr. J. F. West; Mr. Smith, Woodley; Mr. Pearson; Mr. Valentin; Mr. Terry; Dr. Mayo, Mildenhall; Mr. Thomas, Macsteg; Dr. Jackson, Taunton; Mr. Dewar; Mr. Craig; Dr. Harrison, Lerwick; Mr. Young, Monmouth; Mr. Evans; Dr. Jack, Horsforth; Mr. Grimes; Dr. Tattersall, Stackstead; Mr. Hay; Dr. Leney, Strabane; Dr. Lawton, Torquay; Dr. Macpherson; Mr. Forbes, Aberdeen; Mr. Urry, Penge; Messrs. Cox and Co., Brighton; Dr. Hales, Holt Melford; Dr. Murray, Fort William; Dr. Sutherland, Castletown; Dr. Allan, Bonar Bridge; Mr. Hardy; Dr. Binney; Mr. Gregory; Mr. Leaf; Mr. Grant; Mr. Bigg; Dr. Swinson; Mr. Harben; Dr. Morris; Mr. Lever; Dr. Hanham, Bath; Mr. Bouch; Mr. Hunter; Mr. Toogood; Mr. R. H. Mitcham; Dr. Tylecote, Stafford; Dr. F. J. Brown; Dr. Sibbald, Lewes; Mr. Whipp, Manchester; Dr. Samson; Dr. Roberts, Bradford; Dr. Salter; Mr. Gardener; Dr. Gill, Bow; Mr. George, Pentre; Dr. Campbell, Greenwich; Mr. H. Horsfall, Wakefield; Dr. Arthur; Dr. Jackson, Egham; Mr. Bugg; Mr. Gorham; Mr. Speedy, Winchester; Dr. Lush, Weymouth; Mr. Caldwell, Shotts; Dr. Waters, Chester; Mr. Weale; Dr. Corner; Mr. Baker; Mr. T. Stiles, Pinchbeck; Mr. Plimsoll, Sheffield; Dr. Morehead, Edinburgh; Mr. Thane; Dr. Rutherford, Lochgilphead; Mr. Condy; Mr. Arnison, Newcastle-on-Tyne; Dr. Greenhow; Dr. Vaud, Plaistow; Dr. Neale; Mr. Skrimshire; Mr. Allbutt; Mr. Ralfe; The Director-General of the Army Medical Department; Medicus; T. R. M.; Alpha; A. B. C.; S. H.; Sanitas; W. H. M.; P. B.; Chirurgus; M.D. and a Subscriber; X.; G. A.; Delta; J. O. E.; A Young Practitioner; R. D.; D. M. R.; Iatros; Themis; A Practitioner; Cacouna; L.F.P.S. Glasgow; Chloral Hydrat; A Civil Surgeon; &c. &c.

Melbourne Age, Ashton-under-Lyne News, Bucks Advertiser, Liverpool Daily Courier, Galway Vindicator, Malvern News, Gateshead Observer, Indian Medical Gazette, Transactions of the Odontological Society, Melbourne Argus, Redditch Indicator, Scottish Naturalist, Wigan Observer, Glasgow Herald, Spalding Free Press, Oxford Chronicle, Brighton Daily News, Supplement to the Daily Post, Farnworth Observer, York Star, Shield, and *Bucks Herald* have been received.

Medical Diary of the Week.

Monday, Jan. 16.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. Morell Mackenzie will exhibit his Eclectic Inhaler.—Mr. Henry Smith will show a Tooth-plate accidentally Swallowed.—Dr. Carpenter, of Croydon, "On the Causation of Scarlatina."

Tuesday, Jan. 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Foster, "On Nutrition of Animals."
ANTHROPOLOGICAL SOCIETY OF LONDON.—4 P.M. Anniversary.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following specimens will be exhibited:—Mr. James Adams: Fracture of the Head of the Radius. Dr. Crisp: Ulcer of Stomach, with Fatal Hæmorrhage; Cancer of the Tongue. Mr. Wagstaffe: Cystic Sarcoma of the Lower Jaw. Mr. Whitehead: Peculiar Sputum. Mr. Holmes (for Dr. P. Martyn): Tumours of Hands and Feet. Dr. Payne: Pyæmia from Opening of Scrofulous Abscess into Vein; Cysts from Peritoneum containing Air.

Wednesday, Jan. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
HUNTERIAN SOCIETY.—7½ P.M. Special Council Meeting.—8 P.M. Dr. Sutton, "On Herpes of the Tongue, Pharynx, and Larynx."

Thursday, Jan. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 12; other Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Odling, "On Davy's Discoveries."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Farquharson, "On some forms of Pneumonia."

Friday, Jan. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—9 P.M. Dr. Tyndall, "On the Colour of Water, and on the Scattering of Light in Water and in Air."

Saturday, Jan. 21.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Rev. W. H. Channing: "Laws of Life revealed in History."
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